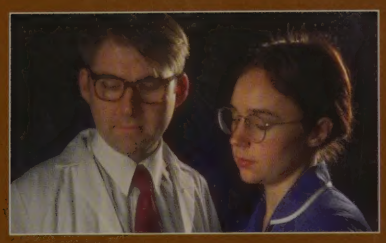
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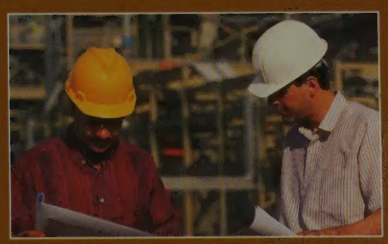
# Health and Safety
# Statistics Highlights
# 2001/02







national STATISTICS



HSC'S MISSION STATEMENT

**To ensure that risks to people's health and safety from work activities are properly controlled**

**A National Statistics publication**

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## INTRODUCTION

*Health and Safety Statistics Highlights* presents the latest top level statistics on workplace fatalities and injuries, and work-related ill health in Great Britain. It also includes summary information on dangerous occurrences, gas safety and enforcement action by the Health and Safety Executive (HSE) and local authorities. More detailed data and commentary are available on HSE's website at www.hse.gov.uk/statistics. Statistics of fatalities and enforcement for 2001/02 have been released earlier in the year.

The key new statistics are:

- 2001/02 figures on non-fatal injuries notified by employers and others under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), supplemented by injury statistics from the Labour Force Survey (LFS). Comparable statistics of non-fatal injuries are only available from 1996/97 on the introduction of revised RIDDOR 95 (see safety technical note).
- Headline results from the 2001/02 Self-reported Work-related Illness (SWI) household survey, together with ill health data from other sources including specialist doctors in the Occupational Disease Intelligence Network (ODIN) and assessed benefit cases under the Industrial Injuries Scheme (IIS) (see ill health technical note).

These inform the measurement of progress against the three targets set in the *Revitalising Health and Safety* strategy (please see www.hse.gov.uk/statistics/statnote.pdf) and provide statistical information on the eight *Priority Programmes* identified by the Health and Safety Commission, as well as permitting a range of other analyses.

The statistics are derived from a number of different sources, some of which are surveys and are therefore subject to sampling errors (because the estimates are based on a sample rather than the whole population). Where possible, "95% confidence intervals" are quoted to indicate the range of uncertainty due to this: each of these shows the range of values which we are 95% confident contains the true value. Correspondingly, a difference between two estimates is described as "statistically significant" if there is a less than 5% chance that it is due to sampling error alone. Rates are expressed per 100 000 workers, employees, or self-employed people as appropriate.

This is the first year that health and safety statistics have been published in this way, in a slim *Highlights* publication backed up by a wide range of detailed information available on the web. Our aim is to offer users a clearer means of presentation and more convenient access to the data than the large *Health and Safety Statistics* volume published in previous years. We would welcome feedback on this new approach, or other aspects of the statistics, to the contacts given on the final page.

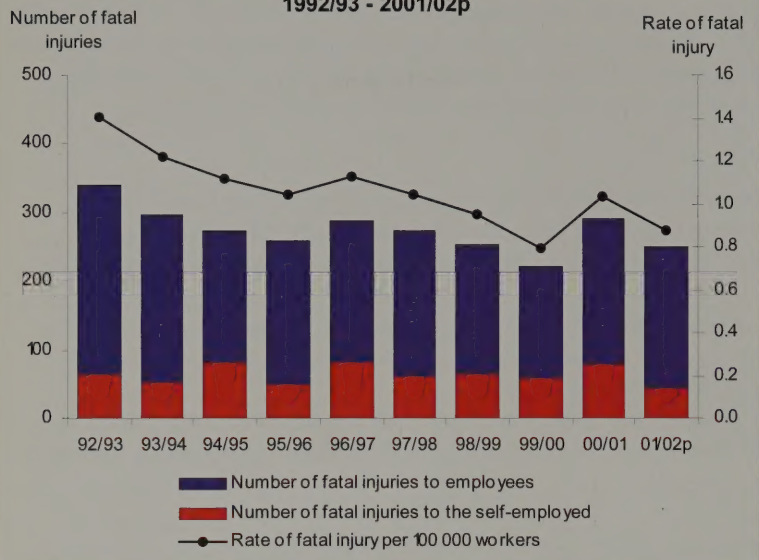
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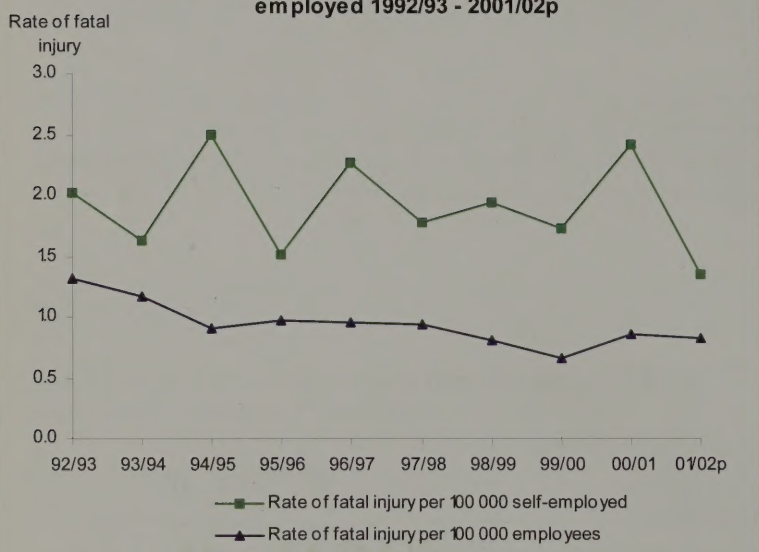
# Fatal injuries – reported under RIDDOR
(See tables 1 & 4)

**Figure 1: Number and rate of fatal injury to workers 1992/93 - 2001/02p**



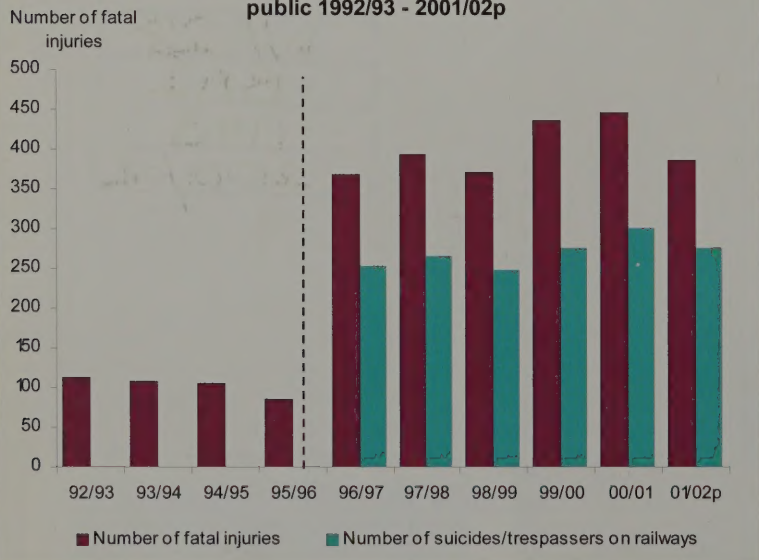

- In 2001/02 the number of fatal injuries to workers decreased by 15% to 249 compared with 292 in 2000/01.
- The number of fatal injuries to employees and the self-employed decreased in 2001/02 by 4% and 43% respectively.
- The rate of fatal injury to workers dropped to 0.9 in 2001/02 from 1.0 in 2000/01. Despite this decrease, the rate of fatal injury rose by over 30% in 2000/01, after the general downward trend until 1999/2000. The rate of fatal injury in 2001/02 is still higher than that expected had that downward trend continued.
- In the last ten years the number and rate of fatal injury to workers has generally dropped, but increased in 1996/97 and 2000/01. The rate for 2001/02 is one of the lowest on record, though it was lower in 1999/2000.

**Figure 2: Rate of fatal injury to employees and the self-employed 1992/93 - 2001/02p**




- In 2001/02, the rate of fatal injury to employees decreased to 0.8 from 0.9 in 2000/01.
- The rate of fatal injury to the self-employed decreased in 2001/02 by 44% to 1.3 from 2.4 the year before, though the rate fluctuates year on year.
- The rate of fatal injury is higher to the self-employed than to employees. This reflects that proportionally more self-employed people than employees work in higher risk industries of agriculture and construction, and that rates of fatal injury are consistently higher for the self-employed than employees in agriculture and services.

**Figure 3: Number of fatal injuries to members of the public 1992/93 - 2001/02p**

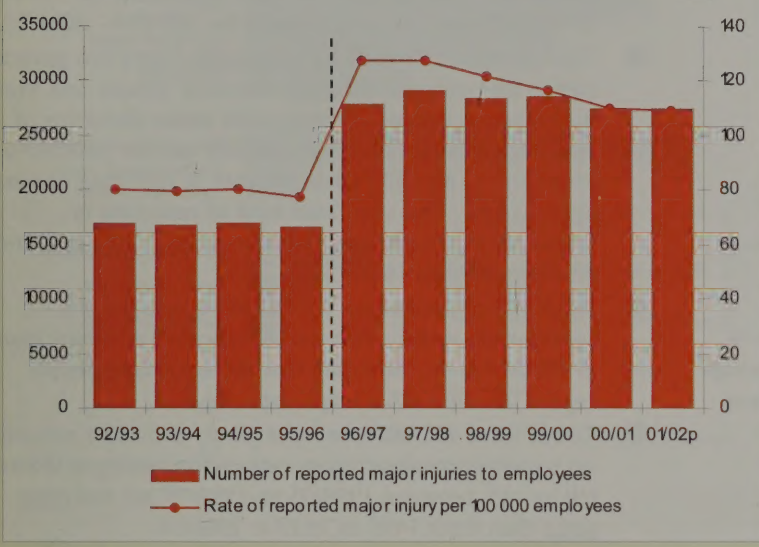



- In 2001/02, there was a decrease of 14% in the number of fatal injuries to members of the public to 384 from 444 in 2000/01, when the highest number of fatal injuries were reported in the last ten years.
- About 72% of fatal injuries are due to acts of suicide or trespass on railway systems. The number of such fatalities tended to rise in the five years to 2000/01 but dropped from 300 to 275 in 2001/02. Prior to 1996/97 injuries resulting from acts of suicide and trespass were reportable under separate legislation.
- There were also 20 fatal injuries to members of the public which were railway related and a further 89 which occurred in other industries. Of which 73 were in other service industries.
- The number of fatal injuries to members of the public have been dropping in agriculture and fluctuated in construction over the past ten years.

# Non-fatal injuries – reported under RIDDOR

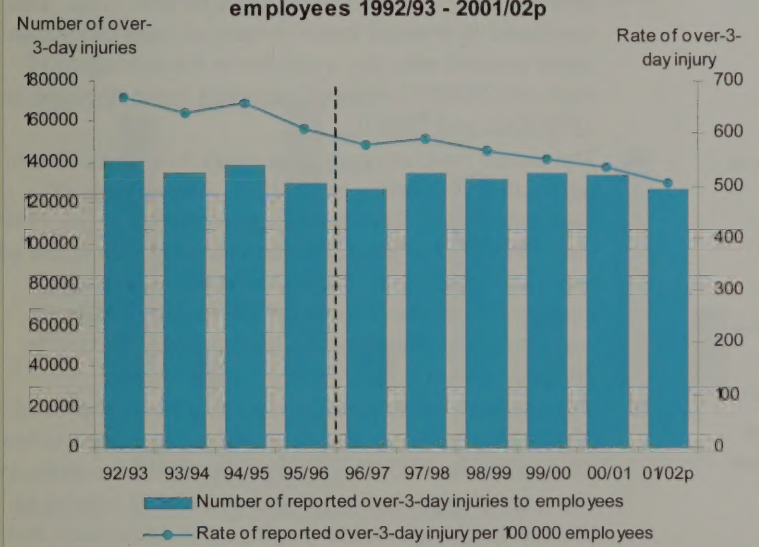
(See tables 2, 3 & 4)

**Figure 4: Number and rate of major injury to employees 1992/93 - 2001/02p**



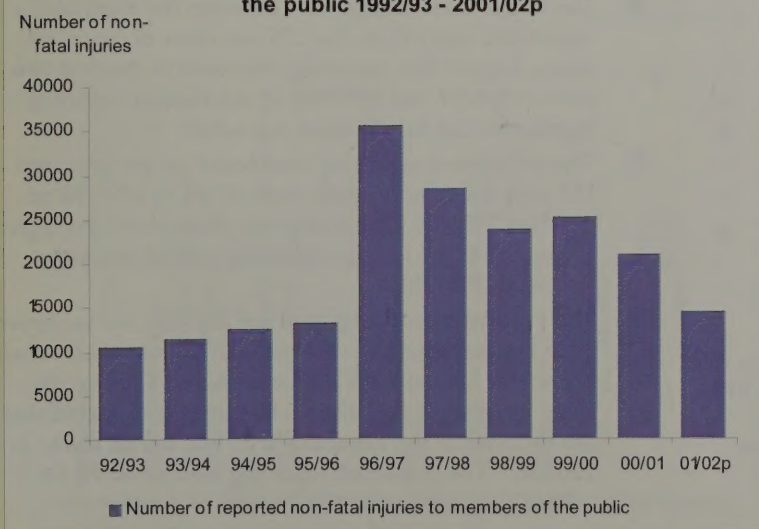

- The number of reported major injuries to employees remained steady at 27 477 in 2001/02, compared with 27 524 in 2000/01. The figure for 2001/02 is provisional and will be updated next year for late reports. The final figure is expected to show a small increase for major injuries in 2001/02. The rate of reported major injury decreased by 0.6% to 109.5 in 2001/02 from 110.2 in 2000/01. The finalised rate for 2001/02 is expected to show a small increase on 2000/01.
- Longer term, the number of major injuries has changed relatively little since the new reporting regulations were introduced in 1996/97. Since then the rate of major injury has decreased by 14%, reflecting an increase in the number of employees since the mid 1990s.
- Since 1996/97, the rate of major injury has decreased in main sectors apart from agriculture. Rates of employee major injury are highest in: mining/quarrying, utilities, forestry, railways, construction and some manufacturing industries (see page 21), and lowest in most service industries.

**Figure 5: Number and rate of over-3-day injury to employees 1992/93 - 2001/02p**




- The number of reported over-3-day injury to employees decreased by 5% in 2001/02 to 127 084 compared to 134 105 in the previous year. The final figure for 2001/02 allowing for late reports is expected to be lower than in 2000/01.
- In 2001/02 the rate of over-3-day injury decreased by 6% to 506.3, the final figure for 2001/02 is expected to be lower than for 2000/01.
- The number of reported over-3-day injuries has fluctuated in the past six years. However, the rate of over-3-day injury has decreased steadily since 1997/98, reflecting an increase in the number of employees.
- Injuries sustained to employees while handling, lifting and carrying accounted for 38% of over-3-day injuries in 2001/02,
- Over-3-day injuries also occur as a result of slipping/tripping (23%), and being struck by a

**Figure 6: Number of non-fatal injuries to members of the public 1992/93 - 2001/02p**




- The number of reported non-fatal injuries to members of the public decreased by 31% to 14 362 in 2001/01 from 20 836 in the previous year. There has been a general downward trend in the number of non-fatal injuries since 1996/97.
- In 2001/02, 96% of the non-fatal injuries to members of the public occurred in the services sector. The number of non-fatal injuries in the service sector has decreased by 32% from 20 243 injuries in 2000/01 to 13 726 injuries.
- Of 14 362 members of the public injuries in 2001/02, 3497 (24%) occurred in education; 2430 (17%) occurred in land transport; 2230 (16%) occurred in retail and wholesale industries; and 1640 (11%) occurred in recreational and sporting activities.
- In construction the number of non-fatal injuries increased by 21% in 2001/02.

# Non-fatal injuries – Labour Force Survey and reporting levels

(See tables 2,3 & 5)

**Figure 7: Rate of reported non-fatal injury to employees and the self-employed, and the averaged LFS rate of reportable non-fatal injury to workers 1994/95 - 2001/02p**

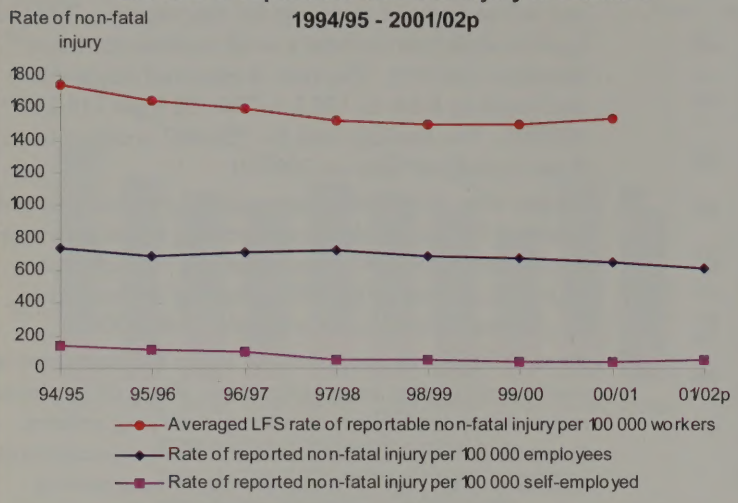



**Figure 8: Rate of reported non-fatal injury to employees and the averaged and annual LFS rate of reportable non-fatal injury to workers 1993/94 - 2001/02p**

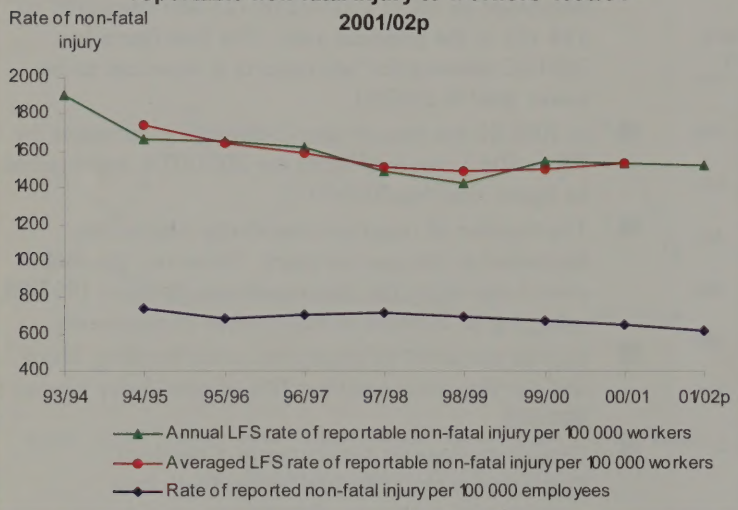
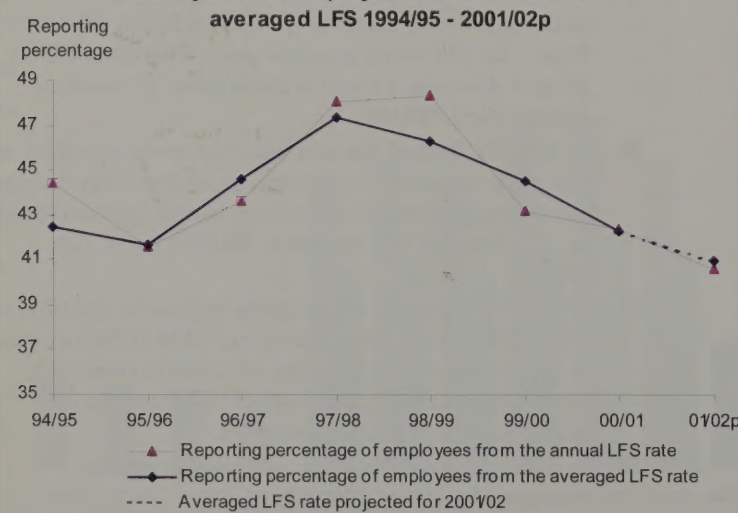
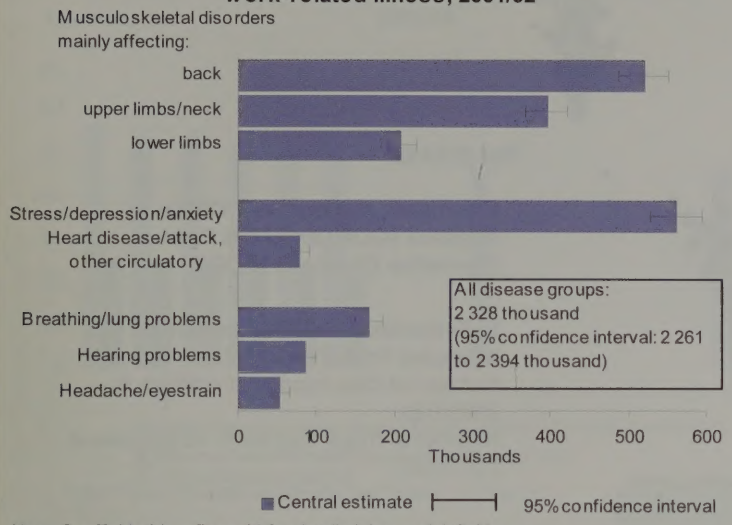



**Figure 9: Reporting percentage of reportable non-fatal injuries to employees from the annual and averaged LFS 1994/95 - 2001/02p**




- Rates of reportable injury from the LFS are presented mostly as three year averages, smoothing sampling error fluctuations in the annual series, particularly for specific industries. The averaged LFS rate is available for 1994/95 to 2000/01 and the annual series for 1993/94 - 2001/02.
- The averaged LFS rates for reportable injury are generally higher than rates of reported non-fatal (major and over-3-day) injury, confirming suspected under reporting of non-fatal injuries. The averaged LFS rate for 2000/01 is estimated to be 1530 while the rate of reported non-fatal injury is 647. The estimated level of reporting of employee injuries is based on the averaged LFS rate and is 42.3% in 2000/01 (647/1530).
- Rates of non-fatal injury for the self-employed are substantially lower. The rate of reported non-fatal injury in 2000/01 is 41, indicating that self-employed people report less than 3% of reportable injuries.
- The LFS and RIDDOR sources jointly provide a picture on trends in non-fatal injury rates. The averaged LFS rate fell by 14% between 1994/95 to 1998/99 but has risen since then from 1490 to 1530 in 2000/01.
- The rate of reported non-fatal injury to employees dropped 7% between 1994/95 to 1998/99 and continued to fall in 2000/01 and 2001/02 (by a further 11%). This continued downward trend in rates of reported non-fatal injury coupled with the small rise in the averaged LFS rates (to 2000/01) suggests reporting levels dropped in 1999/2000 and 2000/01.
- The annual rates of reportable injury from the LFS will tell us about reporting in 2001/02. Annual rates of reportable injury from the LFS generally fell in the 1990s until 1998/99, but have changed relatively little in the past two years. However, the rate of reported non-fatal injury to employees dropped 4.8% to 616 in 2001/02, suggesting that the reporting level dropped further in 2001/02.
- There is early evidence that reporting levels improved in 2001/02 for some areas where under-reporting has been particularly severe. There were substantial increases in the rates of reported major and over-3-day injuries to the self-employed, and to employees in agriculture and in business services. A full judgement on reporting in these and other specific industries will be possible when the averaged LFS rate for 2001/02 is available next year.
- The longer term comparison between the rates of reportable injury from the LFS and rates of reported injury, suggest that reporting improved in the first two years (1996/97 and 1997/98) of the revised reporting regulations but has declined thereafter.
- The estimate of reporting level based on the averaged LFS rate, has fallen steadily from 47.4% in 1997/98 to 42.3% in 2000/01. Projecting this down ward trend gives a figure of 40.9% for the reporting level of employee injuries in 2001/02.
- The estimated reporting level for 2001/02 will be derived from the averaged LFS rate for 2001/02 next year when the annual LFS rate 2002/03 is available. Despite the likely variation in the annual LFS rate it is expected that the estimate of the reporting level will still be lower in 2001/02. The projected reporting level of 40.9% for 2001/02 will be used in this report.

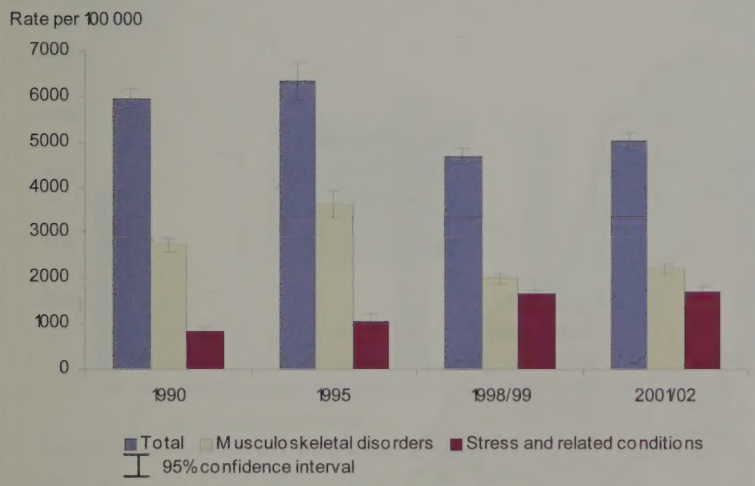
**Figure 10: Estimated prevalence of self-reported work-related illness, 2001/02**




Note: See Table 21 on Page 28 for detailed data and definitions.

- A new self-reporting household survey carried out in 2001/02 (SWI01/02) estimated that 2.3 million individuals in Great Britain were suffering from an illness which they believed was caused or made worse by their current or past work. This prevalence estimate includes long standing as well as new cases.
- The most common types of illness were musculo-skeletal disorders (affecting an estimated 1 126 000 people) and stress, depression or anxiety (563 000 people), followed by breathing and lung problems (168 000) and hearing problems (87 000).
- Self-reporting surveys give the most broadly-based estimates of work-related illness prevalence, but alternative perspectives come from other sources (presented later in this document).

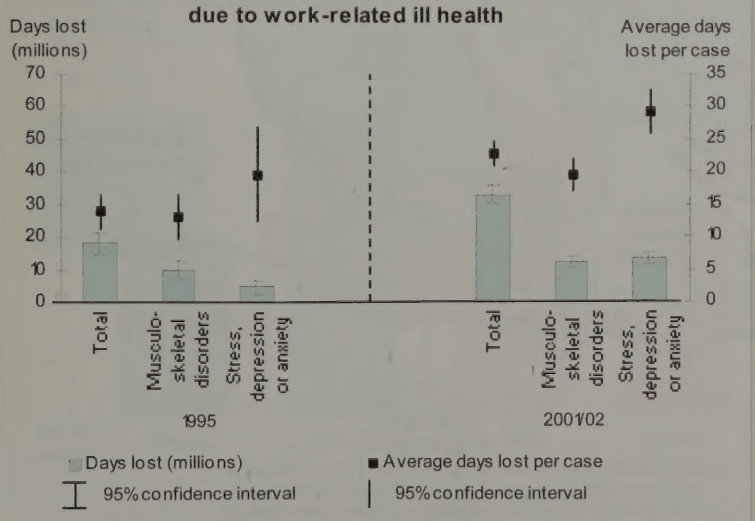
**Figure 11: Estimated prevalence rate of self-reported work-related illness, restricted to people who worked in the last 12 months in England and Wales**




Note: See Table 22 on Page 28 for detailed data and definitions.

- Comparisons between the latest figures and those from HSE's previous three SWI surveys have to be based on a restricted coverage (e.g. limited to people who worked in the last 12 months), and even on this basis are affected by differences in survey design.
- These comparisons suggest that the rate of self-reported work-related illness prevalence in 2001/02 was somewhat higher than in 1998/99, but still below the levels in 1990 and 1995 (all these differences were statistically significant).
- The estimated prevalence rate of stress and related (mainly heart) conditions has increased over time and is now around double the level it was in 1990.
- Musculoskeletal disorders had a higher prevalence rate in 2001/02 than in 1998/99, but lower than a decade ago (again, the differences were statistically significant).

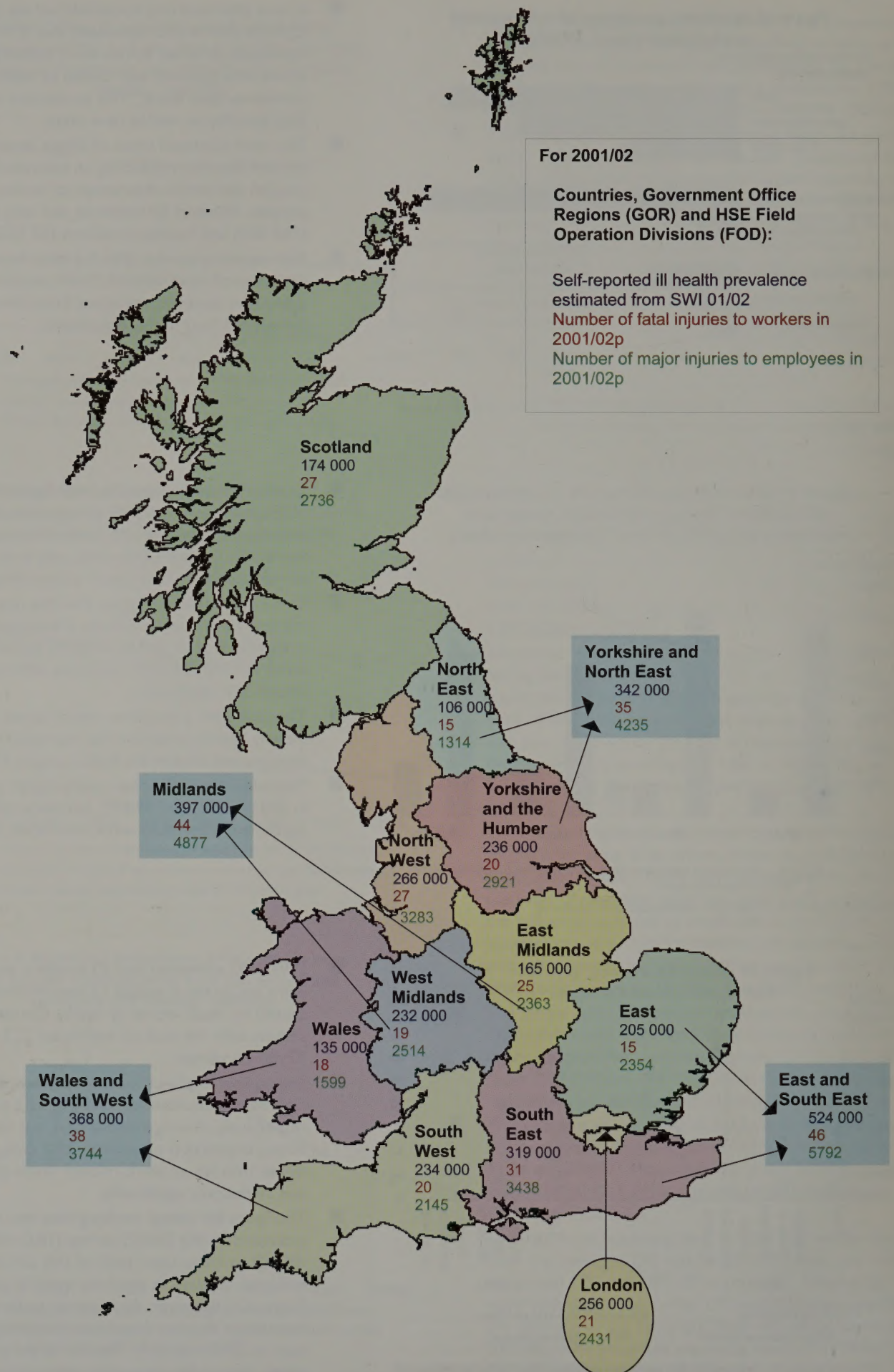
**Figure 12: Estimated working days lost due to work-related ill health**




Note: Estimates for 1995 and 2001/02 are not comparable. See Table 24 on Page 29

- SWI01/02 estimated that 32.9 million working days were lost in the previous 12 months through illness caused or made worse by work. On average each person suffering took an estimated 22.9 days off in that 12 month period.
- Stress, depression or anxiety and musculoskeletal disorders accounted for 13.4 and 12.3 million days respectively. Average annual days lost per case for stress, depression or anxiety (29.2 days per case) was higher than for all work-related illness (the difference was statistically significant).
- The figure for annual working days lost is higher than estimated by the SWI95 survey (18.0 million). It is difficult to know how much of this can be explained by technical differences and how much is a true increase. Some of it, however, does appear to be due to an increase in absence durations: the average days off per case in 1995 was 13.9. The rise in the prevalence of stress, depression or anxiety over time will also have contributed.

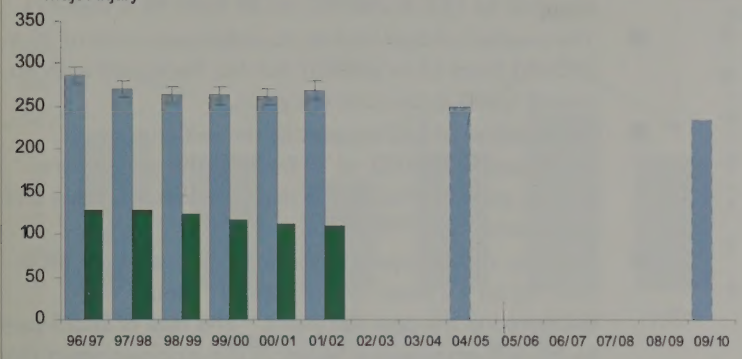
# Countries, Government Office Regions and HSE Field Operation Divisions




The injury figures above exclude 6 worker fatalities and 53 major injuries to employees that were reported to Hazardous Installations Directorate's Offshore Safety Division; 5 worker fatalities and 308 major injuries to employees reported to the Railway Inspectorate, and 18 major injuries to employees where the location of the incident is not recorded.

# *Revitalising Health and Safety* targets

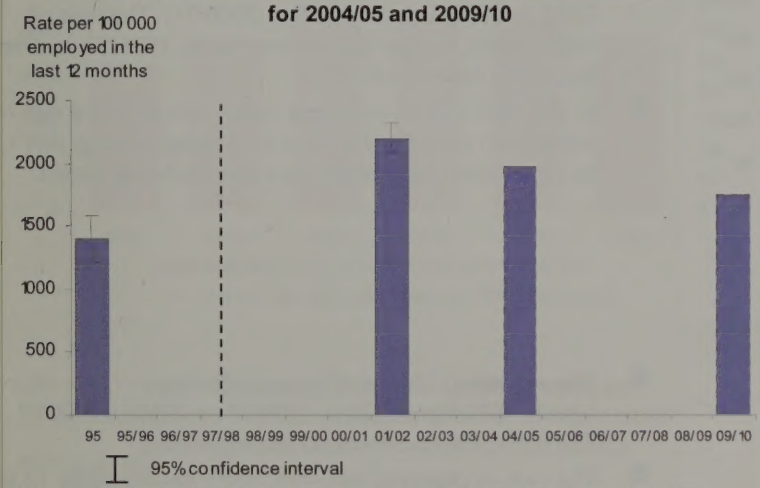
**Figure 13: Rate of fatal and major injury indicator 1996/97-2001/02 and illustrative targets for 2004/05 and 2009/10**




Note: For the Revitalising Indicator see Table 6 on Page 24.

- The *Revitalising* injury indicator is the sum of the two parts: the worker rate of fatal injury and the employee rate of major injury uprated by the estimated reporting level of employee injuries. The target is to reduce the indicator by 10% in the ten year period 1999/2000 to 2009/10. Progress against this target will be assessed from trends estimated in statistical models for the indicator series in the ten year period.
- The injury indicator decreased by 8.3% from 286.9 in 1996/97 to 263.2 in 1999/2000, remained steady in 2000/01 at 261.6, and rose by 2.8% to 268.9 in 2001/02. The indicator increased because the marginal decrease in the rate of reported major injury (-0.6%) is outweighed by the decrease in the reporting level in 2001/02 and consequent increase in the uprating factor (see page 4). The increase is not statistically significant.
- The indicator is provisional and will be revised next year to include late reports and a full assessment of reporting levels (with the results of the 2002/03 annual LFS).

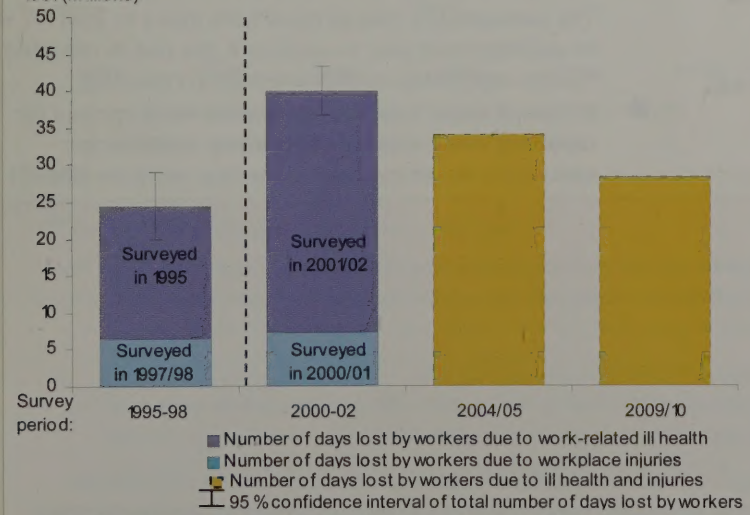
**Figure 14: Estimated incidence rate (new cases) of self-reported work-related illness for people who worked in the last 12 months, and illustrative targets for 2004/05 and 2009/10**




Note: Estimates for 1995 and 2001/02 are not comparable. See Table 23 on Page 29.

- The *Revitalising* target for work-related ill health is to reduce the annual incidence rate (new cases) by 20% in the ten years to 2009/10 and by 10% by 2004/5. Progress against this target will be judged by integrating data from several sources.
- At present, estimates of the overall incidence of work-related ill health come from self-reporting (SWI) surveys. In 2001/02, an estimated 2200 out of every 100 000 people employed in the last 12 months (2.2%) suffered from a new work-related illness in that period. This is higher than the estimate for 1995 (1400 per 100 000), but some of this is due to technical differences.
- Since there was no SWI survey in 1999/2000, SWI01/02 provides estimates closest to the base year for *Revitalising*: effectively, these represent the 'baseline' from this source. Illustrative targets (based only on the SWI source) would be 2000 per 100 000 in 2004/05 and 1800 per 100 000 in 2009/10.
- Information on trends in work-related musculoskeletal disorders and stress, from the SWI surveys and ODIN specialist doctors, is presented on page 12 below.

**Figure 15: Estimated numbers of working days lost due to work-related ill health and injuries and illustrative targets for 2004/05 and 2009/10**

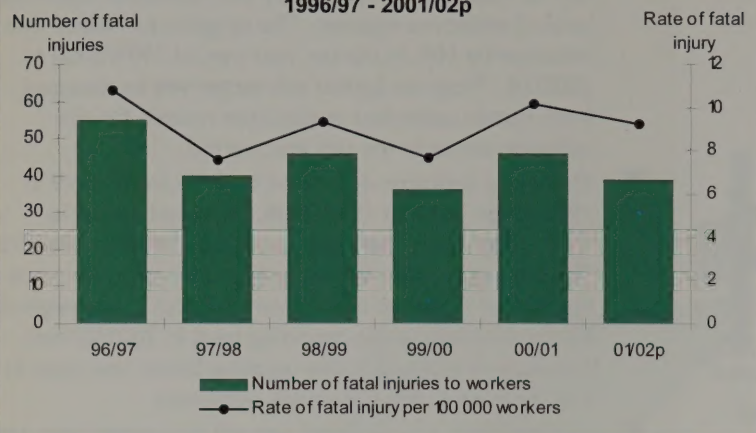



Note: Estimates for 1995-98 and 2000-02 are not comparable. See Table 24 on Page 29

- The *Revitalising* target for working days lost is to reduce the rate of days lost per 100 000 workers by 30% by 2009/10 and by 15% by 2004/5. The figures presented here relate to absolute numbers rather than rates.
- As described above (see Figure 12 on page 5), the SWI01/02 estimate of 32.9 million working days lost from work-related illness is much higher than previously estimated but some of this is due to technical differences.
- In 2000/01 an estimated 7.3 million working days were lost through workplace injury, 11% higher than in 1997/98 (6.5 million). The increase is largely accounted for by a small increase in the number of long absences (6-12 months) and is not statistically significant.
- The combined estimate of total days lost per year in 2000-02 is 40.2 million. Based on this, illustrative targets would be 34 million in 2004/5 and 28 million in 2009/10.

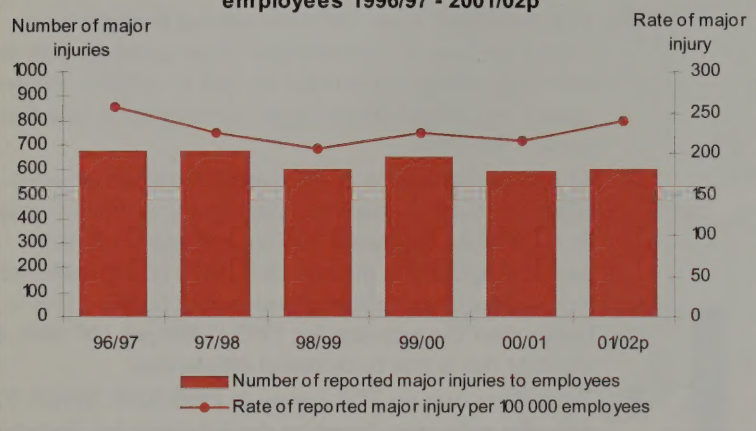
# *Revitalising* priority sectors: agriculture
(See table 7)

**Figure 16: Number and rate of fatal injury to workers 1996/97 - 2001/02p**



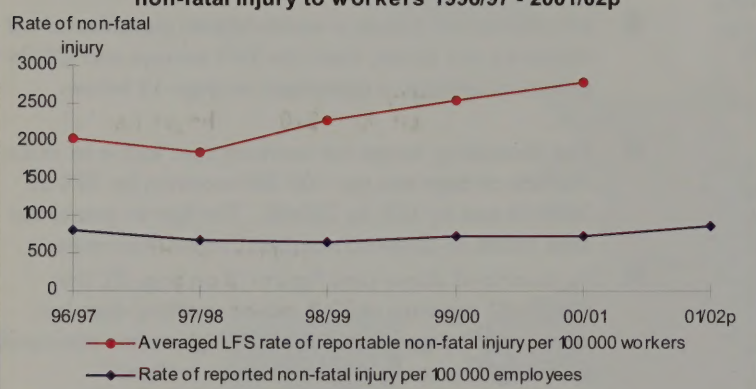

- The number of fatal injuries to workers has fluctuated in the past ten years with no overall trend. The number dropped by 15% in 2001/02 to 39 from 46 in 2000/01.
- The number of fatal injuries to employees rose to 20 in 2001/02 from 13 in 2000/01 but has fluctuated with no overall trend in the past ten years.
- The number of fatal injuries to the self-employed decreased in 2001/02 to 19 from 33 the year before, but has generally fluctuated over the past ten years and is the same as in 1992/93.
- The rate of fatal injury to workers decreased by 9% in 2001/02 to 9.2 from 10.2 in 2000/01 though has fluctuated in the past ten years. The rate of fatal injury to the self-employed is higher in the past two years than in the early 1990s.

**Figure 17: Number and rate of major injury to employees 1996/97 - 2001/02p**




- The number of major injuries to employees remained steady at 598 in 2001/02 compared with 595 in 2000/01, but is lower now than five years ago in 1996/97 when there were 678.
- The rate of employee major injury increased by 12% to 239.3 in 2001/02 from 213.9 in 2000/01. The rate of major injury may be lower now than in 1996/97, but has fluctuated more recently.
- In 2001/02, 22% of employee major injuries were due to falling from a height, 21% due to slipping/tripping, and 17% by employees being struck by a moving/falling object.

**Figure 18: Rate of reported non-fatal injury to employees and the averaged LFS rate of reportable non-fatal injury to workers 1996/97 - 2001/02p**



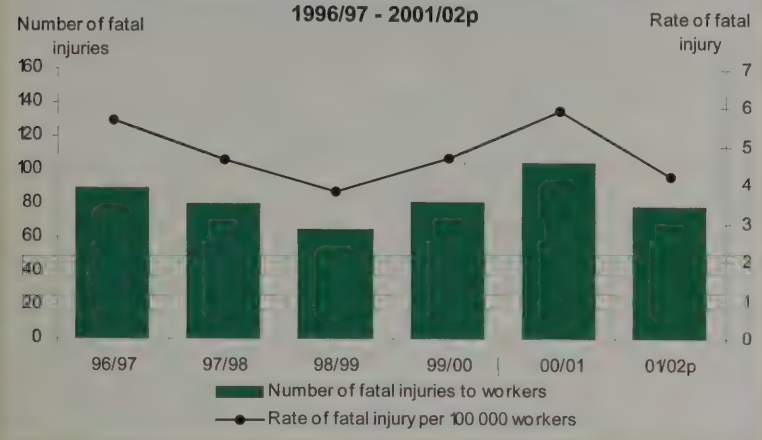

- The averaged LFS rate of reportable injury in agriculture rose by 37% from 2020 in 1996/97 to 2760 in 2000/01. The upward trend is statistically significant.
- The rate of reported non-fatal injury decreased by 12.6% between 1996/97 and 2000/01, (808.9 compared with 707.2). The reduction in the rate of reported injury compared with the increase in the averaged LFS rate suggests that the reporting level of employee injuries has generally decreased. In 2001/02 there were substantial increases in the rates of major and over-3-day injury. The averaged LFS rate of reportable injury in 2001/02 will be available next year to confirm if this rise in reported injuries represents an improvement in reporting.
- If rates of major injury to employees were uprated for reporting levels, then the RHS injury indicator for agriculture would increase in the four years to 2000/01.

## Ill health in the agriculture sector

- The SWI survey in 2001/02 estimated that 30 000 people whose current or most recent job in the last 8 years was in the agriculture, hunting, forestry and fishing industries suffered from an illness which they believed was caused or made worse by this job.
- The corresponding prevalence rate, 6500 per 100 000 people working in the last 8 years, was the highest of all SIC92 Industry Sections (see Figure 55 on page 21) and was statistically significantly higher than the average for all industries: in other words, there is less than a 5% chance that the difference was due to sampling error alone.
- Looking at the incidence of new cases reported by specialist doctors to the ODIN scheme or assessed for compensation under the IIS over the years 1999-2001, agriculture had relatively high rates for asthma (from both sources) and for hearing loss, upper limb disorders and dermatitis (from ODIN).

# *Revitalising* priority sectors: construction
(See table 10)

**Figure 19: Number and rate of fatal injury to workers 1996/97 - 2001/02p**



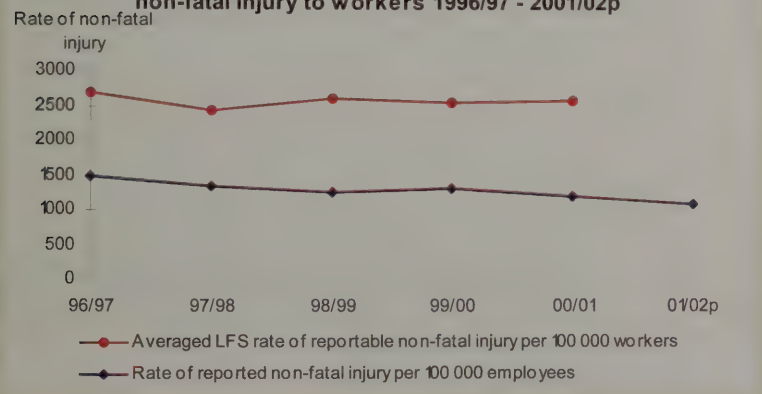

- The number of fatal injuries to workers dropped to 79 in 2001/02 from 105 in 2000/01, a reduction of 25%. The construction industry accounts for 32% of all worker fatalities.
- The number of fatal injuries to employees and the self-employed dropped in 2001/02 compared with the previous year, from 73 to 59 and 32 to 20 respectively.
- The rate of fatal injury to workers dropped 28% to 4.2 in 2001/02 from 5.9 in 2000/01, one of the lowest in the 1990s.
- The rate of fatal injury generally dropped in the 1990s until 1998/99, but rose substantially in the next two years to 2000/01 when the number was the highest for ten years.

**Figure 20: Number and rate of major injury to employees 1996/97 - 2001/02p**




- The number of major injuries to employees rose between 1996/97 and 1999/2000 but decreased in 2000/01 and 2001/02.
- The rate of major injury to employees has shown a downward trend since 1999/2000 and decreased by 12% in 2001/02 to 333.3. This is the lowest since the introduction of RIDDOR 95 in 1996/97.
- Falls from a height accounted for 30% of major injuries in 2001/02, and remains the most common kind of accident. Over 26% of major injuries were due to slipping and tripping accidents.

**Figure 21: Rate of reported non-fatal injury to employees and the averaged LFS rate of reportable non-fatal injury to workers 1996/97 - 2001/02p**




- The averaged LFS rate of reportable injury in construction has fluctuated in the past three years with no real trend. The rate in 2000/01 is 4.4% lower than in 1996/97 (2580 compared with 2700).
- The rate of reported non-fatal (major and over-3-day) injury decreased by 18.3% between 1996/97 and 2000/01 (1481.6 compared with 1210.1). The greater reduction in the rate of reported injury suggests that the reporting level has generally decreased. The rate of reported injury decreased further in 2001/02 by 10%.
- If rates of major injury to employees were uprated for reporting levels, then the RHS indicator for construction would fluctuate and not show any statistically significant trend.

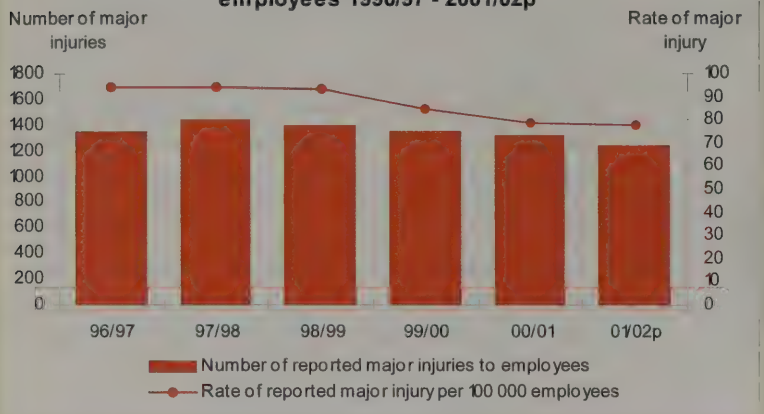
## Ill health in the construction sector

- The SWI survey in 2001/02 estimated that 137 000 people whose current or most recent job in the last 8 years was in the construction industry suffered from an illness which they believed was caused or made worse by this job. The corresponding prevalence rate, 5600 per 100 000 people working in the last 8 years, was statistically significantly higher than the average for all industries (see Figure 55 on page 21).
- An earlier SWI survey, conducted in 1998/99 but restricted to people who worked in the last 12 months, indicated that the highest prevalence rate of self-reported musculoskeletal disorders (ascribed to the current or most recent job) was in the construction industry. This rate was statistically significantly higher than the average for all industries.
- Looking at the incidence of new IIS cases over the years 1999-2001, construction had by far the highest rates for asbestosis and mesothelioma and relatively high rates for vibration white finger, dermatitis and hearing loss.

# *Revitalising* priority sectors: health services

(See table 11)

**Figure 22: Number and rate of major injury to employees 1996/97 - 2001/02p**



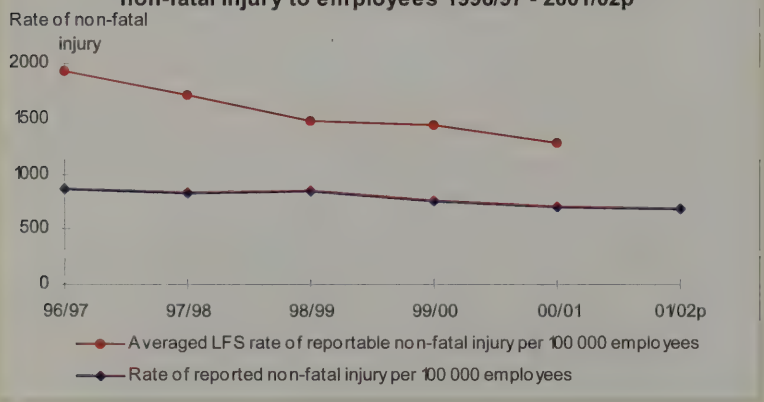

- Between 1996/97 and 2001/02, there were three fatal injuries to employees in health services. They resulted from a low fall, being struck by a moving vehicle and slipping/tripping.
- In 2001/02 there were 1241 reported major injuries in health services, compared with 1323 in 2000/01. The rate of major injury to employees decreased marginally from 78.3 in 2000/01 to 77.7 in 2001/02.
- The number and rate of major injury to employees have decreased since 1997/98. The rate of major injury decreased by 18% since 1996/97 when the figure was 94.2.
- Slipping/tripping accounted for about half of all major injuries in health services in 2001/02, and assaults and violence accounted for 11%.

**Figure 23: Number and rate of over-3-day injury to employees 1996/97 - 2001/02p**




- In 2001/02, there were 9755 reported employees over-3-day injuries in health services, compared with 10449 in 2000/01.
- The rate of over-3-day injury to employees decreased by 1.3% to 610.4 in 2001/02 from 618.7 in 2000/01. The rate of over-3-day injury has decreased by 20% between 1996/97 and 2001/02.
- About half of over-3-day injuries are due to injury whilst handling, lifting or carrying.

**Figure 24: Rate of reported non-fatal injury to employees and the averaged LFS rate of reportable non-fatal injury to employees 1996/97 - 2001/02p**



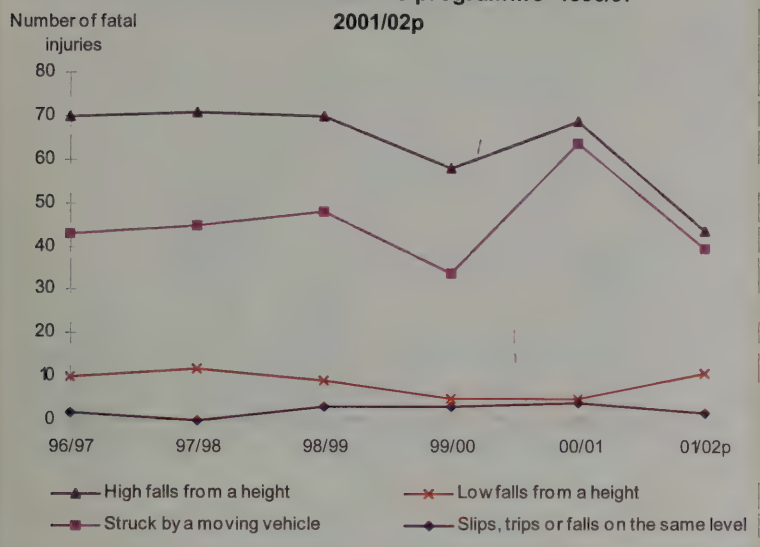

- Between 1996/97 and 2000/01, there is a general downward trend in the rate of non-fatal injury in health services; the averaged LFS rate of reportable injury decreased by 33%, and the rate of reported injury decreased by 19%.
- The level of reporting from health services appears to have increased given that the averaged LFS rate decreased further than the rate of reported non-fatal injury.
- In 2001/02, the rate of reported non-fatal injury decreased by just 1.3% to 697.0 from 688.1 in 2000/01. The finalised rate for 2001/02 is likely to show a small increase on 2000/01 after updating for late reports. The averaged LFS in 2001/02 will be available next year to confirm if this rise represents an improvement in reporting.

**Ill health in the health services sector**

- The SWI survey in 2001/02 estimated that 199 000 people whose current or most recent job in the last 8 years was in health and social work (the SIC92 Industry Section approximating to health services) suffered from an illness which they believed was caused or made worse by this job. The corresponding prevalence rate, 5200 per 100 000 people working in the last 8 years, was statistically significantly higher than the average for all industries (see Figure 55 on page 21).
- An earlier SWI survey, conducted in 1998/99 but restricted to people who worked in the last 12 months, indicated that health and social work had a prevalence rate of self-reported stress, depression or anxiety (ascribed to the current or most recent job) which was statistically significantly higher than the average for all industries.
- Looking at the incidence of new cases reported by specialist doctors to the ODIN scheme over the years 1999-2001, health and social work had relatively high rates for mental illness, spine/back disorders, dermatitis and infections.

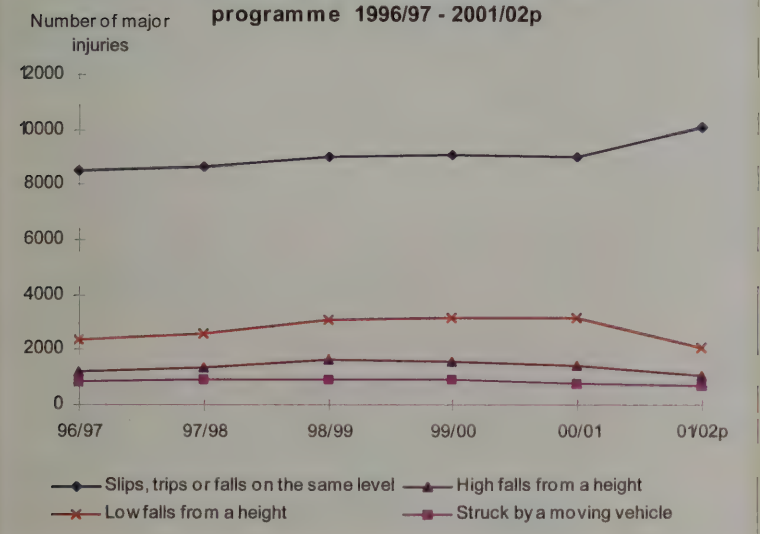
# *Revitalising* priority hazards: kinds of accident
(See tables 13, 14 & 15)

**Figure 25: Number of fatal injuries to workers by kinds of accident in the RHS programme 1996/97 - 2001/02p**



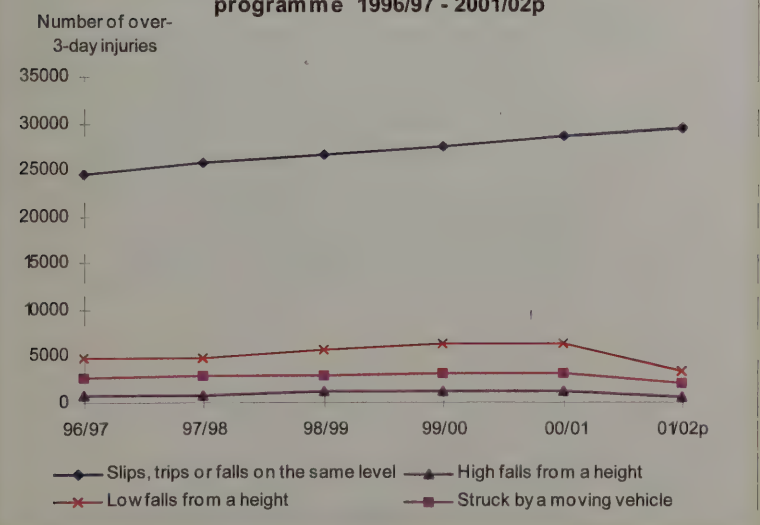

- In 2001/02 HSE introduced new guidelines to improve the quality of recording kinds of accident and give more detail on equipment/material agents involved. The kind categories remain the same and the 2001/02 figures still have the same commonest kinds as in past years. There are small changes in percentage share which will affect the numbers in each kind (mainly for major and over-3-day injuries).
- In 2001/02, there were 44 fatal injuries to workers due to high falls (over 2 metres), 36% less than in 2000/01.
- There were 40 fatal injuries from workers being struck by a moving vehicle compared with 43 in 1996/97, but the number has fluctuated and shown no real trend.
- In 2001/02, there were 11 fatal injuries to workers due to low falls, compared with 5 in 1999/2000 and 2000/01.
- The number of fatal injuries to workers due to slipping and tripping accidents decreased to 2 in 2001/02 from 4 in 2000/01. Slips and trips account for a small number of fatal injuries and has fluctuated since 1996/97.

**Figure 26: Number of reported major injuries to employees by kinds of accident in the RHS programme 1996/97 - 2001/02p**



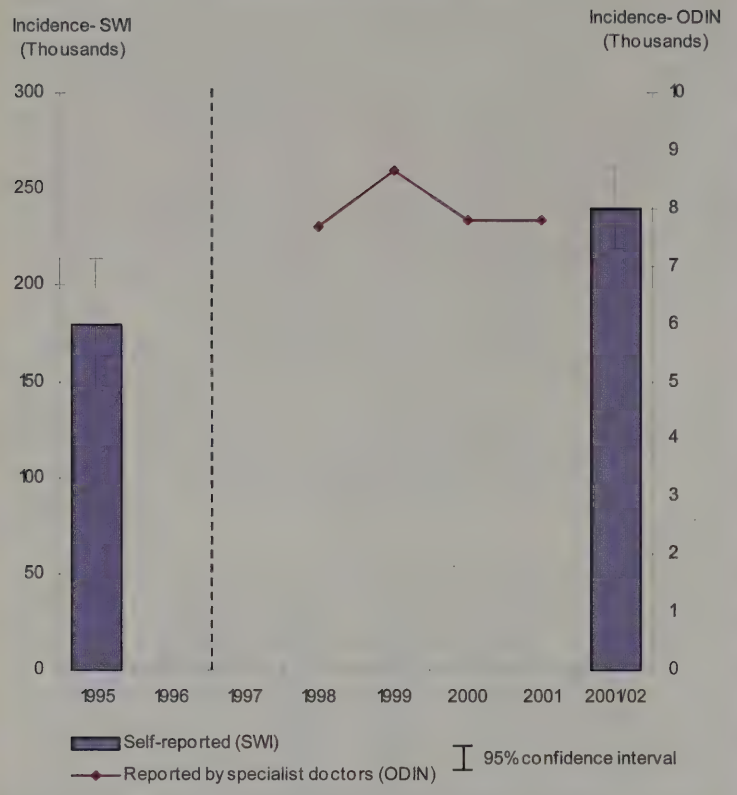

- Slipping/tripping remains the commonest kind of employee major injuries, accounting for 37% in 2001/02, and 33% in 2000/01. The percentage share for falls from a height decreased to 15% in 2001/02 from 19% in 2000/01. The two kinds together account for 51%-52% of major injuries but the guidelines have resulted in a shift from falls to slip/trip accidents. Despite this, the number and percentage share due to slip/trip accidents has generally risen before 2001/02 (31% in 1996/97 to 33% in 2000/01). The percentage share due to falls was steady at 18%-19% before 2001/02.
- Slips/trips involve slips on wet surfaces or on a substance, a trip over obstructions and uneven surfaces. Falls involve ladders, vehicles and scaffolding, but 54% involve falls from less than two metres.
- In 1999/2000 the number of employee major injuries from being hit by a vehicle was 959. The figure dropped in 2000/01 (823) and in 2001/02 (722). The percentage share has dropped since 1999/2000 (3.3%, 3.0% and 2.6%).

**Figure 27: Number of reported over-3-day injuries to employees by kinds of accident in the RHS programme 1996/97 - 2001/02p**




- Of 127 084 employee over-3-day injuries in 2001/02, 29 509 involved slipping/tripping (23%). The number increased in 2001/02 from 28 552 in 2000/01 (21%). The number has increased every year from 1996/97 when there were 24 537. Slipping/tripping has accounted for a gradually increasing percentage of over-3-day injuries.
- Falling from a height accounted for 5331 (4.2%) of employee over-3-day injuries in 2001/02 compared with 9023 (6.7%) in 2000/01, 9019 (6.7%) in 1999/2000, and 8492 in 1996/97. Falls have accounted for a relatively stable percentage of employee over-3-day injuries between 1996/97 and 2000/01.
- If the percentage of employee over-3-day injuries due to the two kinds slipping/tripping and falling from a height were applied 127 084 injuries in 2001/02, then there would be about 3220 extra fall injuries, and 2450 less slip/trip injuries. The changes are between these two kinds which together account for similar percentages in both years. The changes reflect the use of the new guidelines for recording accident circumstances.

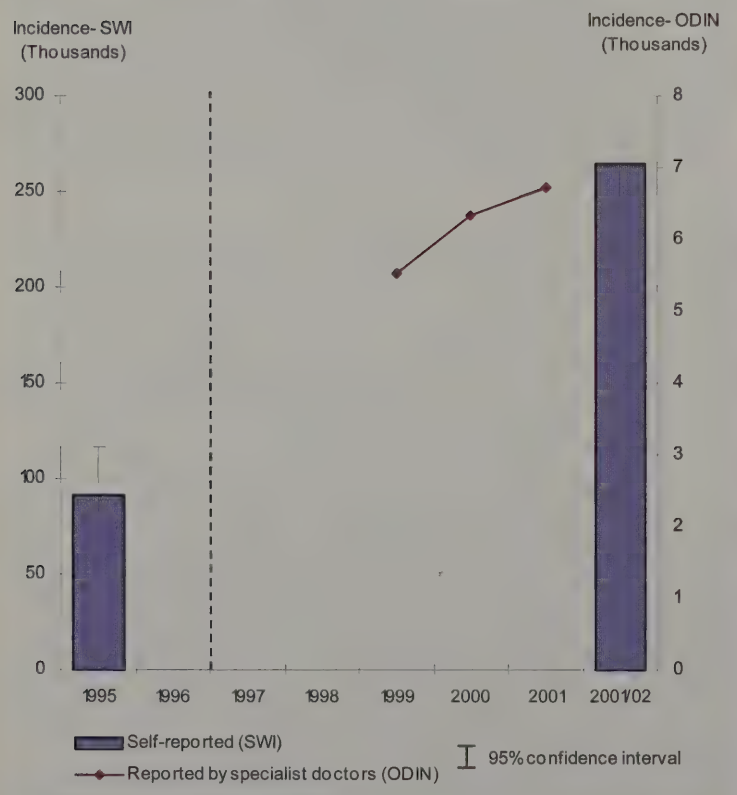
**Figure 28: Estimated incidence of work-related musculoskeletal disorders**




Note: SWI estimates for 1995 and 2001/02 are not comparable. See Table 23 on Page 29

- The latest self-reported illness survey, SWI01/02, estimated that there were 240 000 new cases of work-related musculoskeletal disorders in the previous 12 months.
- An estimated 7800 cases of work-related musculoskeletal disorders were seen for the first time in 2001 by rheumatologists and occupational physicians reporting to the ODIN surveillance schemes.
- SWI01/02 estimated that 12.3 million working days were lost in the previous 12 months due to a musculoskeletal disorder caused or made worse by work.
- Estimates from SWI, the most comprehensive source of data, on the incidence of work-related musculoskeletal disorders are not directly comparable. However, the number of first visits to ODIN specialists appears to have remained fairly stable in recent years at around an estimated 8000 a year.
- Occupational groups carrying the highest prevalence rates of work-related musculoskeletal disorders in SWI98/99 included skilled construction trades, health associate professionals (e.g. nurses) and other skilled trades. Occupations involving typing and repetitive tasks (e.g. typists and word processor operators, assemblers and lineworkers) were amongst those with the highest incidence rates reported by rheumatologists to ODIN.

**Figure 29: Estimated incidence of work-related stress, depression or anxiety**

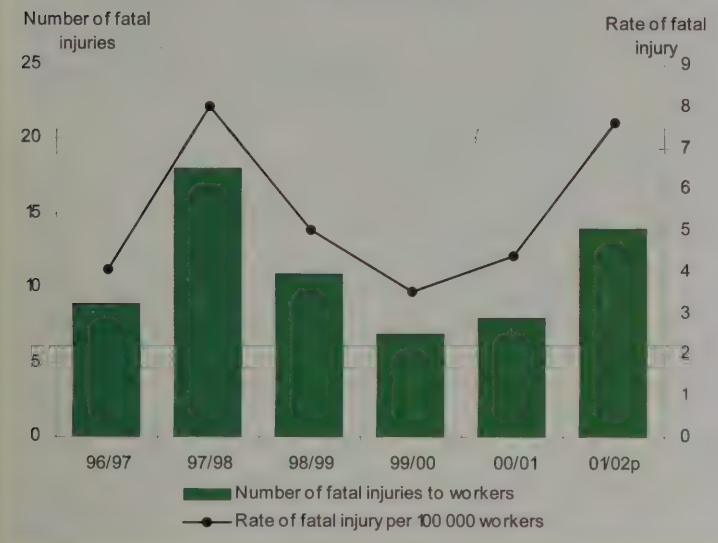



Note: SWI estimates for 1995 and 2001/02 are not comparable. See Table 23 on Page 29

- The most recent survey of self-reported work-related illness, SWI01/02, estimated that there were 265 000 new cases of work-related stress, depression or anxiety in the previous 12 months.
- Just under 7500 new cases of work-related mental health problems in Britain were estimated to have been seen by psychiatrists and occupational physicians reporting to the ODIN surveillance schemes in 2001. Of these some 6700 related to stress, depression or anxiety.
- Estimates from SWI01/02 indicate that self-reported work-related stress, depression or anxiety accounted for approximately 13.5 million lost working days per year.
- Both survey data and surveillance data suggest that work-related stress and related disorders are increasing in the British population. However, these data are difficult to interpret and the exact extent of this increase cannot be determined.
- Occupation and industry groups containing teachers and nurses have the highest prevalence rates of work-related stress in SWI surveys and the SHAW stress survey, and among the highest incidence rates in ODIN.

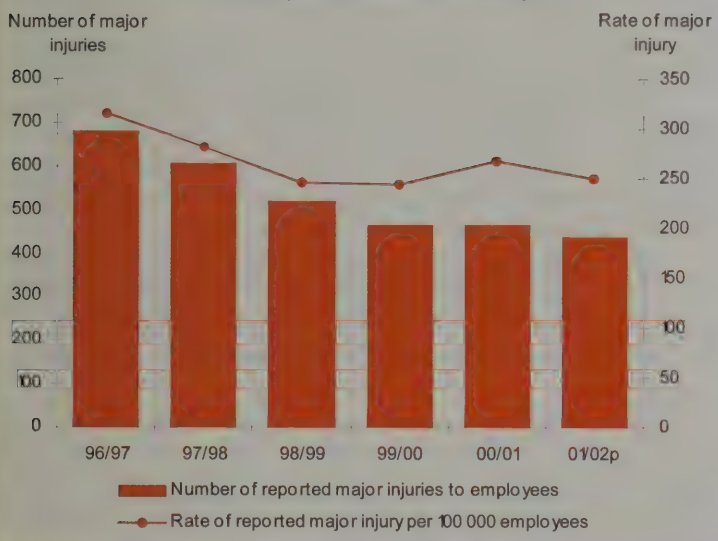
# Injuries in the extractive and utility supply industries
(See table 8)

**Figure 30: Number and rate of fatal injury to workers 1996/97 - 2001/02p**



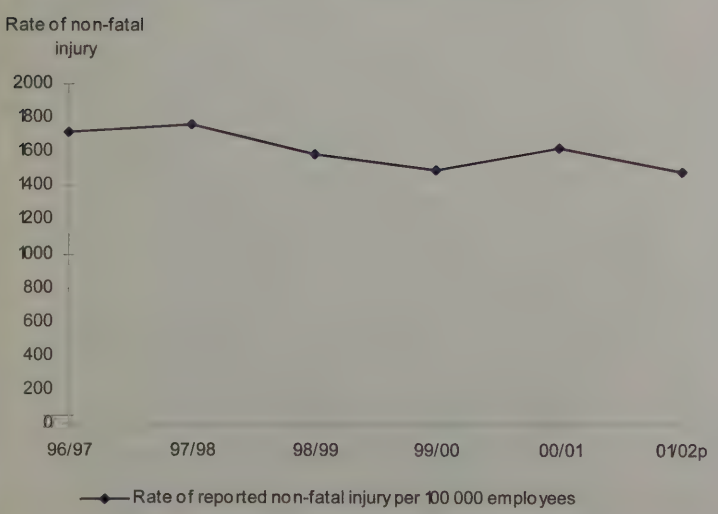

- The extractive industries include: coal mines, open cast mining, quarrying, extraction of oil and gas, and the supply of electricity, gas and water. The statistics cover employees mainly because there are relatively few self-employed people in these industries. In 2000/01 and 2001/02 there were no fatal injuries to the self-employed.
- The number of employee fatal injuries fluctuate but have risen from 6 in 1999/2000 to 14 in 2001/02.
- The rate of fatal injury to workers increased in 2001/02 to 7.6 from 4.4 the year before. There were six fatalities in electricity generation/supply in 2001/02, compared with none in 2000/01 (the figures for extraction of petroleum and gas are four in 2001/02, three in 2000/01and two in 1999/2000).

**Figure 31: Number and rate of major injury to employees 1996/97 - 2001/02p**




- The number of reported major injuries in the extractive and utility supply industries has generally decreased in the five years to 2001/02. There were 679 in 1996/97 compared with 437 in 2001/02.
- The rate of major injury to employees decreased in 2001/02 by 6% and is now 20% lower than five years ago in 1996/97.
- In 2001/02, the rate of major injury dropped in mining, in extraction of petroleum and gas, and in quarrying. The rate of major injury rose in the electricity generation and supply industry (3%), and in the collection and distribution of water (22%).

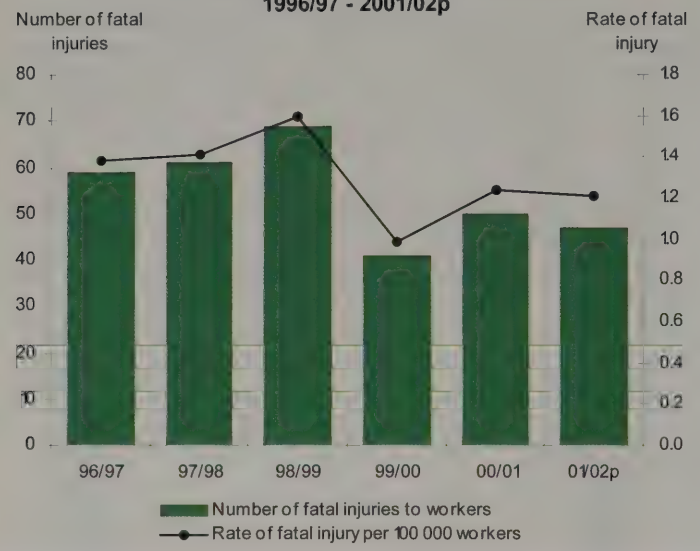
**Figure 32: Rate of reported non-fatal injury to employees 1996/97 - 2001/02p**




- From comparison with the LFS it is estimated that there is nearly full reporting of employee injuries from the extractive and utility supply sector as a whole. Trends in reported non-fatal injuries in the sector are therefore relatively unaffected by under reporting.
- The number of reported non-fatal injuries to employees in the extractive and utility supply industries decreased by 30% to 2598 in 2001/02 from 3702 in 1996/97. These figures are dominated by over-3-day injuries (there were 2161 in 2001/02 and 3023 in 1996/97).
- The rate of reported non-fatal injury dropped 8% to 1489.7 in 2001/02 from 1621.7 in 2000/01. The rate of non-fatal injury decreased in most years and in 2001/02 is 13% lower than in 1996/97.
- In 2001/02, the rate of reported non-fatal injury dropped in mining, in extraction of petroleum and gas, and in quarrying, but rose in the utility industries (electricity generator/supply) and in the collection/distribution of water.

# Injuries in the manufacturing industries
(See table 9)

**Figure 33: Number and rate of fatal injury to workers 1996/97 - 2001/02p**



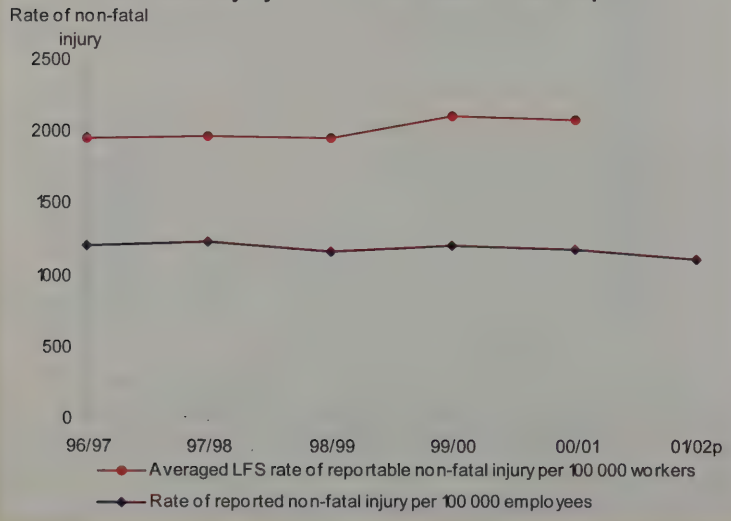

- In 2001/02 there were 47 fatal injuries to workers compared with 50 in 2000/01. The number is substantially lower than in most of the 1990s.
- The number of employee fatal injuries in 2001/02 remained the same as in 2000/01 at 46. The number of fatal injuries to the self-employed dropped from 4 in 2000/01 to one in 2001/02.
- The rate of fatal injury to workers is 1.2 in 2001/02, the same as in 2000/01 (to one decimal place), and is lower than in the early 1990s.
- Of the 97 fatal injuries to workers in 2000/01 and 2001/02, 18 were in fabricated metal products, 13 in basic metals and 11 in food products and beverages.

**Figure 34: Number and rate of major injury to employees 1996/97 - 2001/02p**




- The number of reported major injuries to employees in manufacturing industries dropped 7% to 6879 in 2001/02 from 7408 in 2000/01.
- The rate of major injury to employees dropped to 187.4 in 2001/02, 3.5% lower than in 2000/01. The rate of major injury dropped in fifteen manufacturing industries in 2001/02 but rose (by small amounts) in eight industries (food products, tobacco products, clothing, wood products, pulp/paper products, printing/publishing, miscellaneous products, and recycling/scrap).
- In the five years to 2001/02, the rate of major injury to employees decreased by 9%. In that period the rate of major injury tended to increase in wood products, leather products and in non-metallic mineral products.

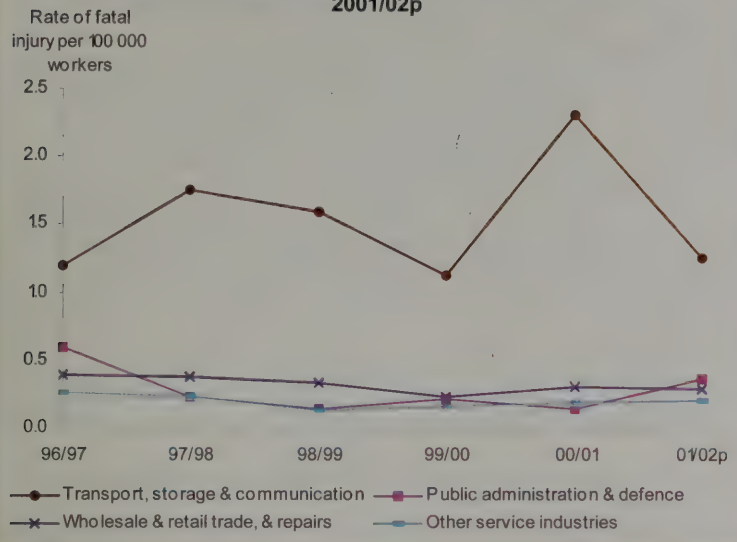
**Figure 35: Rate of reported non-fatal injury to employees and the averaged LFS rate of reportable non-fatal injury to workers 1996/97 - 2001/02p**




- Between 1996/97 and 2000/01, the averaged LFS rate of reportable injury in manufacturing has fluctuated though is 6% higher in 2000/01, (the rise is not statistically significant). The rate of reported non-fatal injury to employees has also fluctuated in this period and is 1.3% lower in 2000/01 compared to 1996/97. The rate has dropped 5.8% further in 2001/02 to become 7.1% lower than five years ago in 1996/97. The averaged LFS rate for 2001/02 will confirm next year if this recent decrease is a result of lower reporting.
- The LFS rate of reportable injury and rate of reported injury give a recent picture of fluctuation with no substantial movement up or down.
- The picture on reported injuries differs for a few industries. The rate of reported injury in five years has tended to rise in leather products and in wood products, and tended to drop in food products/tobacco, textiles and clothes, vehicles and transport equipment, in miscellaneous products, and in recycling /scrap.

# Injuries in the service industries
(See table 12)

**Figure 36: Rate of fatal injury to workers 1996/97 - 2001/02p**



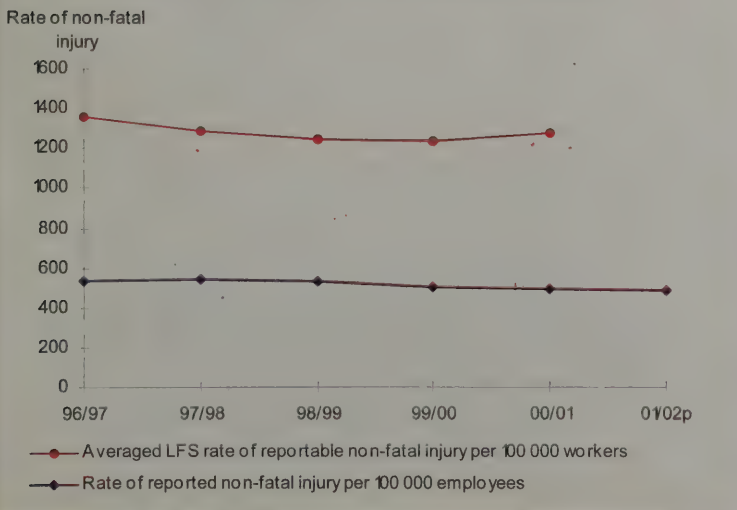

- In 2001/02, there were 70 fatal injuries to workers in the services sector, compared with 83 in 2000/01 and 55 in 1999/2000. The number fell by 16% in 2001/02 after rising by 51% in the year to 2000/01.
- In the last two years approximately 90% of worker fatal injuries are to employees. The number of fatal injuries dropped in 2001/02 for employees and for the self-employed. Of 65 employee fatal injuries in 2001/02, 14 are in land transport (road and rail but not road traffic accidents), 8 are in sewage and refuse disposal, 6 are in supporting storage and auxiliary transport.
- In 2001/02 the rate of worker fatal injury decreased to 0.3 from 0.4 the year before.
- The rate of fatal injury is lower in services as a whole than in production industries.

**Figure 37: Rate of reported major injury to employees 1996/97 - 2001/02p**




- The varied services sector accounts for nearly 80% of employees and between 52% - 57% of employee major injuries. In 2001/02, the number of reported major injuries increased by 5.8% to 15604, the highest since 1996/97. The rate of major injury increased by 4.5% to 78.7. The rate decreased in earlier years and is now 13.3% less than in 1996/97.
- In 2001/02, the number and rate of employee major injury rose in retail/wholesale distribution, hotels/catering and in business services, but decreased in public administration, education, health/social services, and in transport and communications.
- In the long term, the rate of employee major injury in 2001/02 is lower than five years ago in 1996/97 in these industries except for public administration, where the rate has fluctuated with no real trend.

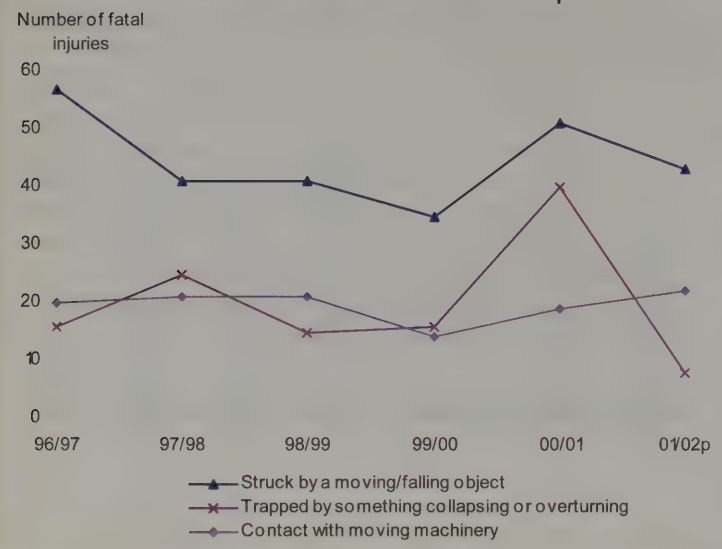
**Figure 38: Rate of reported non-fatal injury to employees and the averaged LFS rate of reportable non-fatal injury to workers 1996/97 - 2001/02p**




- There is a general downward trend in the averaged LFS rate of reportable injury in services until 1999/2000, in 2000/01 the rate rose 3%. Many main service industries show a slow downward trend faltering in 2000/01. The LFS shows rates of non-fatal injury on a consistent downward trend in health services, but an upward trend in education.
- The rate of reported non-fatal injury dropped 10% between 1996/97 and 2001/02 (535.7 compared with 482.3). Most of this reduction occurred in the past three years. In 2001/02, the rate of reported non-fatal injury dropped 3% overall in services but rose in business services and remained steady in hotels/catering.
- The rate of reported non-fatal injury understates the risk in service industries where reporting levels are relatively low. Rates of reported non-fatal injury in three large industries: retail/wholesale, hotel/catering and health/social work range between a fifth and half of the rate of reported injury in manufacturing. The LFS suggests that the risks in these three industries is at least two thirds that of manufacturing as a whole.

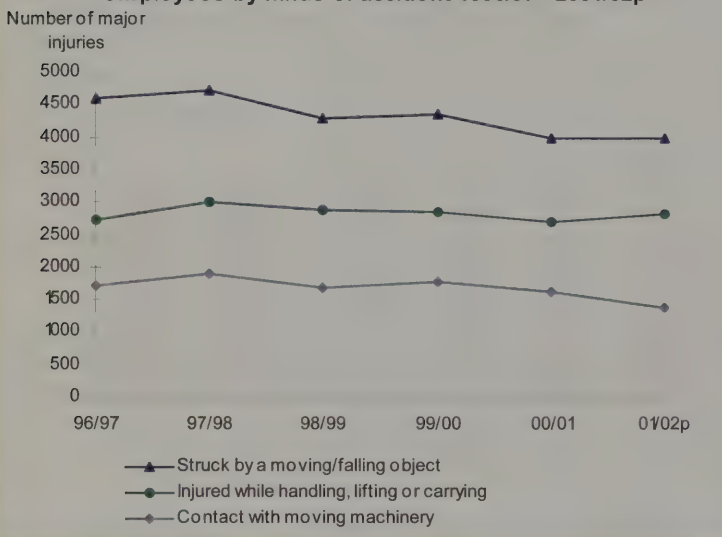
# Kinds of accidents
(See tables 13, 14 & 15)

**Figure 39: Number of fatal injuries to workers by kinds of accident 1996/97 - 2001/02p**



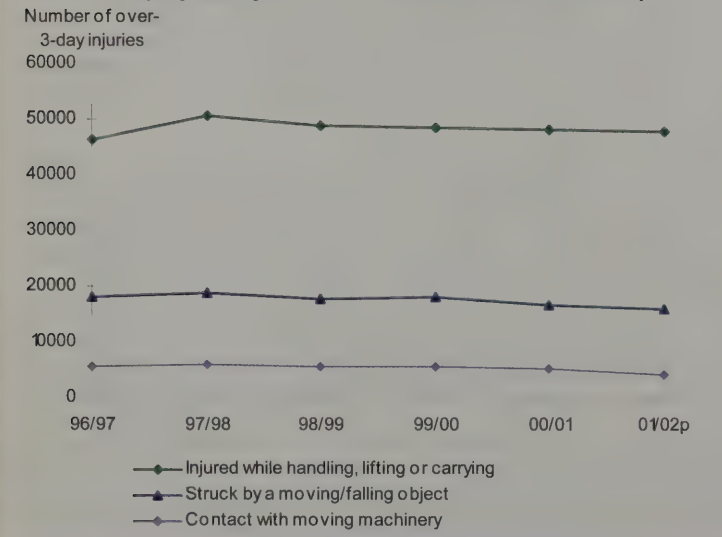

- In 2001/02, 43 workers were fatally injured by moving/flying objects compared with 57 in 1996/97, a decrease of 25%.
- The number of worker fatalities due to being trapped by something collapsing/overturning decreased to 8 in 2001/02 from 40 in 2000/01. The number of such fatalities has fluctuated in the past five years.
- The number of worker fatalities due to contact with moving machinery increased to 22 from 19 in 2000/01 and 14 in 1999/2000, the lowest since 1996/97.

**Figure 40: Number of reported major injuries to employees by kinds of accident 1996/97 - 2001/02p**



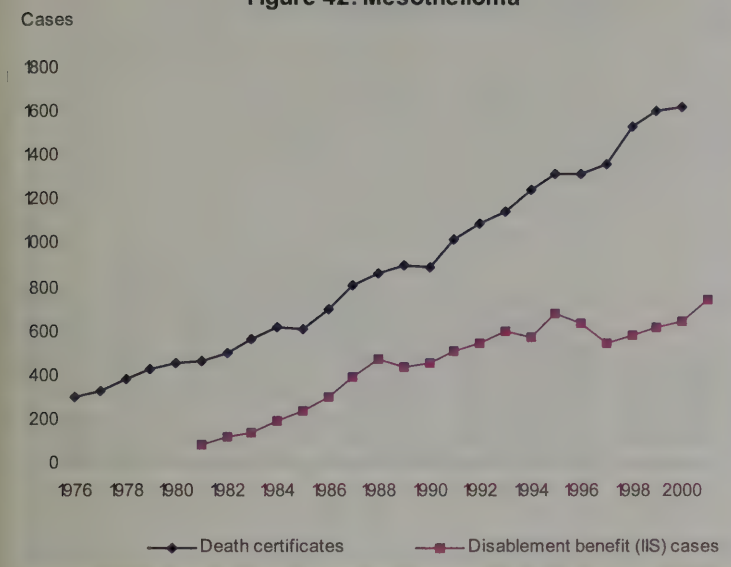

- Being struck by moving/flying objects accounted for 14.5% of employee major injuries in 2000/01 and in 2001/02. The figure is 16.5% for 1996/97, the percentage share having gradually dropped. There were 3993 in 2001/02 compared with 4606 in 1996/97.
- The number of major injuries to employees injured while handling, lifting and carrying has fluctuated in the past five years. There were 2809 in 2001/02 compared with 2695 in 2000/01. The percentage share is about 10%.
- The number of employee major injuries due to contact with moving machinery has decreased in 2001/02 and in 2000/01 (there were 1779 in 1999/2000, 1636 in 2000/01 and 1373 in 2001/02). The percentage share fluctuated between 6.0% and 6.6% until 1999/2000 and then dropped to 5.9% in 2000/01 and 5.0% in 2001/02.

**Figure 41: Number of reported over-3-day injuries to employees by kinds of accident 1996/97 - 2001/02p**



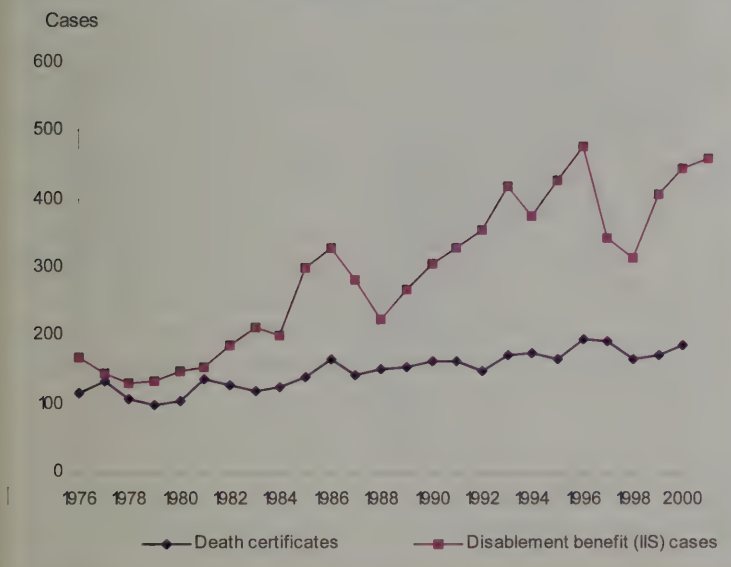

- Being injured while handling, lifting or carrying accounted for 36% - 38% of employee over-3-day injuries in the five years to 2001/02. The number has dropped marginally to 48 000 in 2001/02 from 48 327 in 2000/01. Common ways are: lifting/putting down loads; sprains/strains from body movement; and handling sharp/coarse items. Common agents involved in these ways are respectively: various storage containers and stored products; the injured person themselves; and various hand tools for cutting/nailing/drilling.
- Being struck by a moving/falling object accounted for 12.6% of employee over-3-day injuries in 2000/01 and in 2001/02 compared with 14.4% in 1996/97. The number of such injuries has dropped from 18 293 in 1999/2000 to 16 008 in 2001/02.
- The number of employee over-3-day injuries due to contact with moving machinery has dropped every year since 1996/97, the percentage share dropping from 4.5% to 3.5% in 2001/02.

**Figure 42: Mesothelioma**



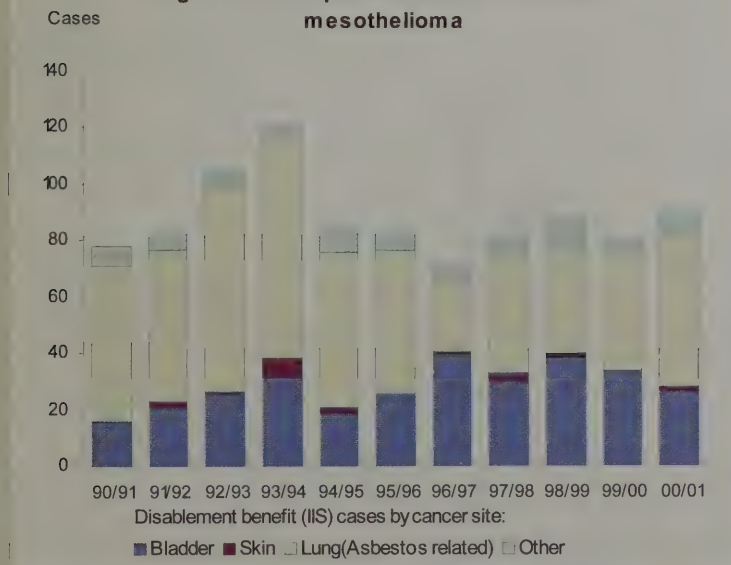

- The number of deaths from mesothelioma, an asbestos-related cancer affecting the lining of the lungs and lower digestive tract, has increased from 153 in 1968 to 1628 in 2000. Of these, 1398 were among males.
- The latest projections suggest that male deaths from mesothelioma may peak around the year 2011, at about 1700 per year.
- Deaths occurring now, and most of those expected in the future, reflect past industrial conditions; deaths in men aged under 45 have been falling since the early 1990s.
- The industry groups with the highest rates of Industrial Injuries Scheme (IIS) assessments for mesothelioma in 1999-2001 were construction (including insulation and asbestos removal) and extraction, energy and water supply.

**Figure 43: Asbestosis**



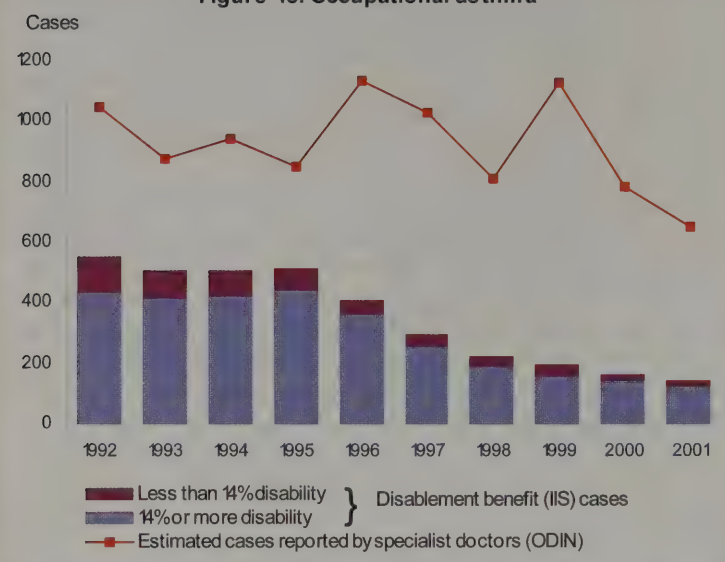

- IIS disablement benefit cases for asbestosis, a type of lung fibrosis caused by inhalation of asbestos fibres, have risen erratically, but quite strongly since the early 1980s, reaching a peak of 479 in 1996. After falls in 1997 and 1998, the number of cases has increased again over the last 3 years to 461 in 2001.
- Death certificates mentioning asbestosis (excluding those also mentioning mesothelioma) numbered 186 in 2000, 15 more than in the previous year but still less than the peak of 196 in 1996. A slow upward trend in the annual number of cases is evident since the 1970s.
- The industry groups with the highest incidence rates of IIS assessments for asbestosis, based on 1999-2001 figures, were construction (including insulation and asbestos removal), extraction, energy and water supply, and manufacturing.

**Figure 44: Occupational cancer other than mesothelioma**



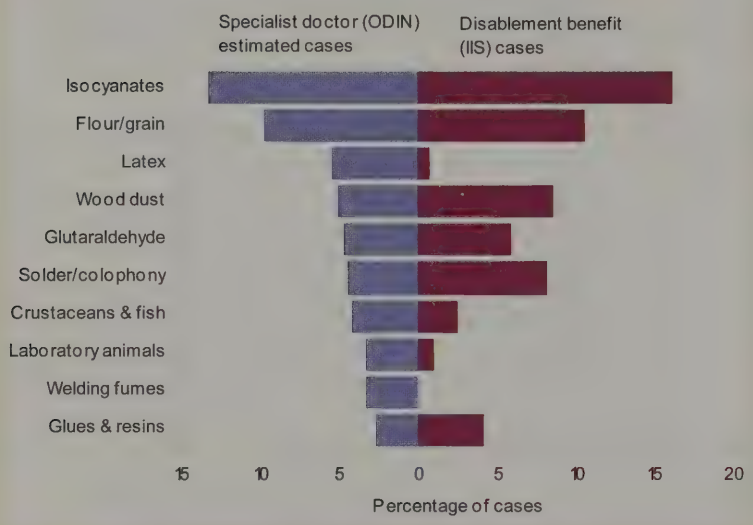

- The current best estimate of the proportion of all cancer deaths in Great Britain due to occupational causes is 4%, with an uncertainty range of 2% to 8%. Applying these estimates to the latest mortality data for Great Britain provides an estimated annual number of cancer deaths from work-related causes of 6000 (with an uncertainty range 3000 to 12 000). At least half of these are likely to be asbestos-related, including mesotheliomas.
- The total number of IIS disablement benefit cases of cancer other than mesothelioma is very much lower than this: it has remained at around 80 per year since 1994/95.
- Asbestos-related lung cancers are hard to identify individually; the number of IIS cases is likely to be a substantial underestimate. From various studies, a reasonable rule of thumb is to allow for one or two lung cancers for each case of mesothelioma.

**Figure 45: Occupational asthma**



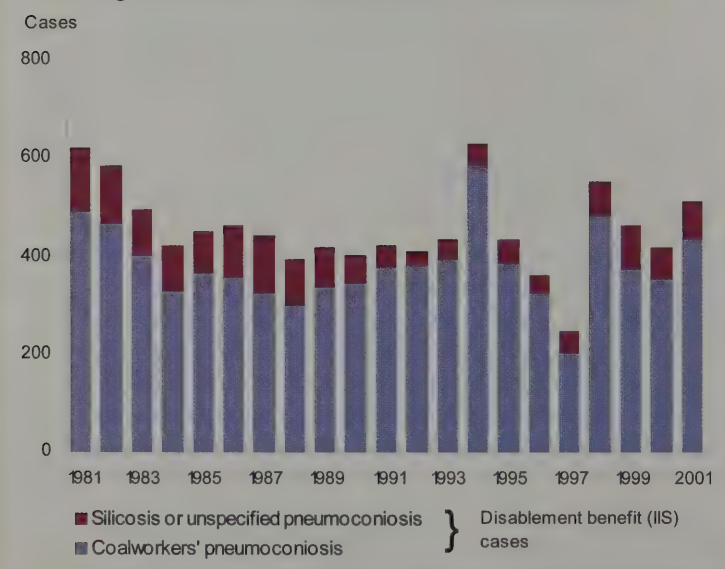

- An estimated 650 cases of occupational asthma were seen for the first time by occupational and chest physicians who reported to the ODIN surveillance schemes in 2001, bringing the average incidence over the three years 1999-2001 to 855, or around 3 cases per 100 000 workers per year.
- Over the past three years, ODIN has recorded more than five times as many cases of occupational asthma in Great Britain as were assessed for compensation under the IIS.
- Trends in the IIS figures have been distorted by changes in data collection procedures. Looking at the ODIN estimates, the average annual incidence has been nearly 1000 cases per year over the past 10 years. There is some evidence of a downward movement in the last 2 years but in time this may prove to be a temporary fluctuation.

**Figure 46: Top 10 agents for occupational asthma cases, 1999-2001**




- Isocyanates (used in the manufacture of some paints and foams, for example) were the most commonly cited agents for both ODIN and IIS cases in the three years 1999-2001, with flour/grain being the second most common agent group.
- Over half the cases reported to both sources in the three years 1999-2001 came from the manufacturing sector, with the highest rates in the manufacture of leather and leather goods and of basic metals, both of which had rates of over ten times the national average.
- The occupation with the highest incidence rate of occupational asthma as reported to chest physicians was spray painters, where the estimated rate was over 50 times the national average.

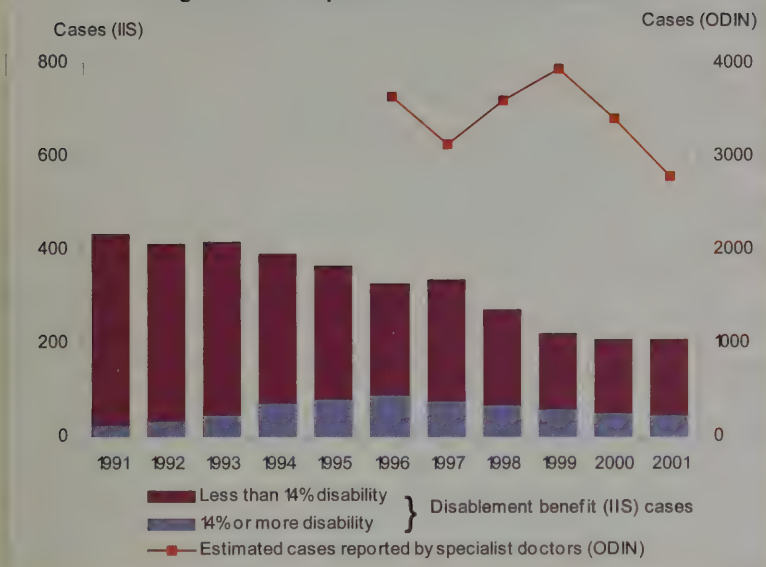
**Figure 47: Pneumoconiosis other than asbestosis**




- The IIS compensation figures for pneumoconiosis, a group of lung diseases caused by the inhalation of dusts, are believed to be a relatively good indication of disease incidence because compensation is well established within affected industries.
- There were 510 new assessed cases of pneumoconiosis (excluding asbestosis) in the IIS in 2001, slightly more than in each of the previous two years.
- Most new compensated cases of pneumoconiosis (excluding asbestosis) occur in retired workers, the majority from the coal mining industry; other industries affected are quarrying, foundries and potteries, where silica is the main cause.

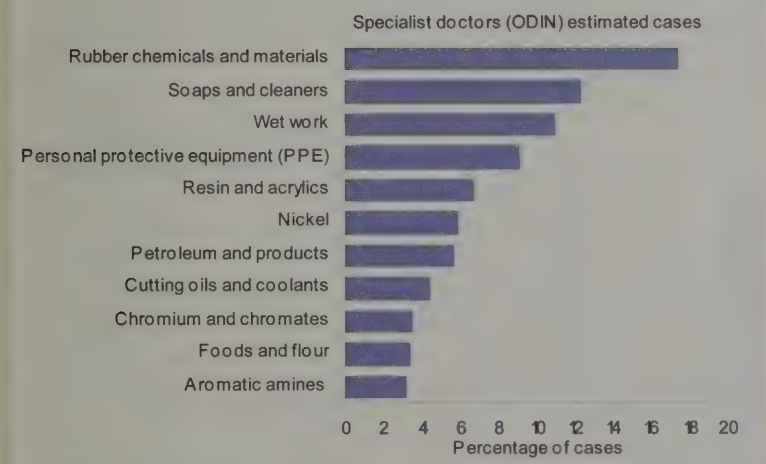
# Skin and infectious diseases

**Figure 48: Occupational contact dermatitis**




- An estimated 4300 new cases of work-related skin disease were diagnosed each year between 1999 and 2001 by occupational physicians and dermatologists who reported to the ODIN surveillance schemes; approximately 80% of these were contact dermatitis.
- Trends in dermatitis incidence from the ODIN surveillance schemes are difficult to discern due to year-on-year fluctuations in the estimates, but the underlying number appears roughly constant at between 3000 and 3500 new cases per year.
- The annual number of workers with occupational dermatitis assessed as having some degree of disablement under the IIS continued to fall, from just over 400 in the early 1990s to just over 200 in 2000/01.

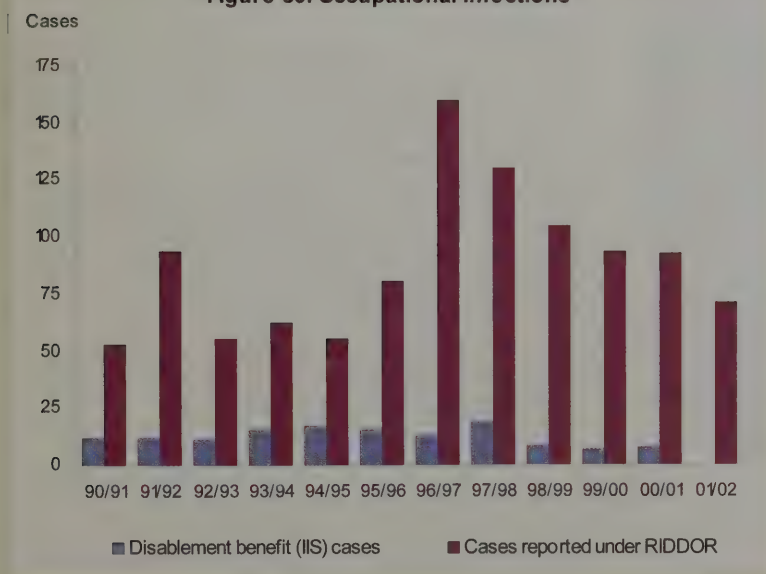
**Figure 49: Top 10 agents for contact dermatitis cases, 1999-2001**




Note: Since some cases have more than one substance reported, the total percentage of all contact dermatitis cases exceeds 100.

- During 1999-2001, the most common agents cited by both dermatologists and occupational physicians were rubber chemicals and materials, followed by soaps and cleaners, and wet work.
- The occupations estimated to be at highest risk in 1999-2001, according to dermatologists reporting to ODIN, were labourers in foundries, hairdressers and barbers and other labourers in making industries.
- The industries estimated to be at highest risk in 1999-2001 according to dermatologists reporting to ODIN were other services (mainly hairdressing), manufacture of basic metals and oil and gas extraction etc.

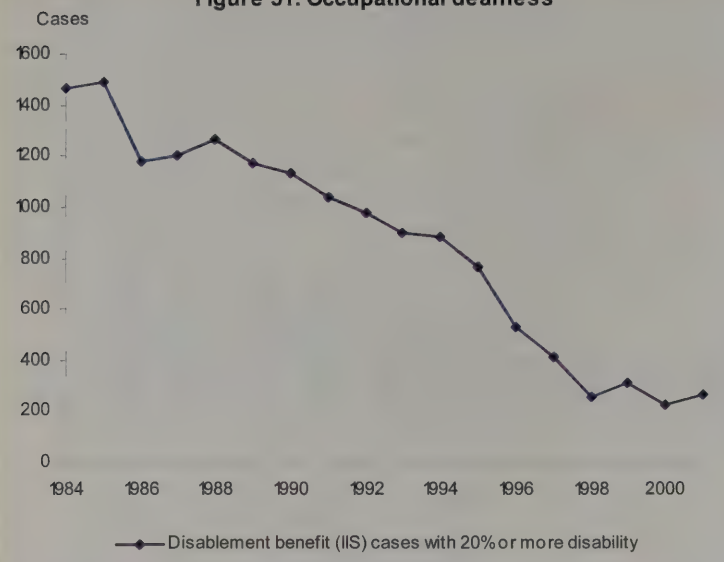
**Figure 50: Occupational infections**




- No clear trend in the number of occupational infections is shown by data from the IIS and RIDDOR. There was a change in RIDDOR infection reporting in 1996/97, coupled with a rise in awareness of the need to report work-related infections, since when numbers have fallen back to previous levels.
- Consultants in communicable disease control in the ODIN scheme reported 694 new cases of occupationally acquired infections in 2001. This represents an increase in new cases compared to the previous year. However the shortness of the time series, and a discontinuity in 1999, mean that other sources must be used in evaluating trends.
- ODIN data indicate that healthcare workers, particularly care assistants and attendants, have the highest number of cases of occupational infections.

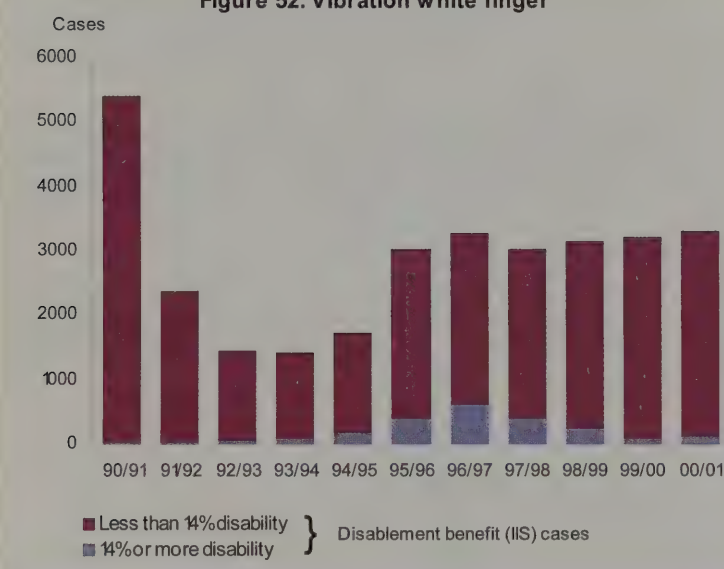
# Other occupational diseases and exposures

**Figure 51: Occupational deafness**



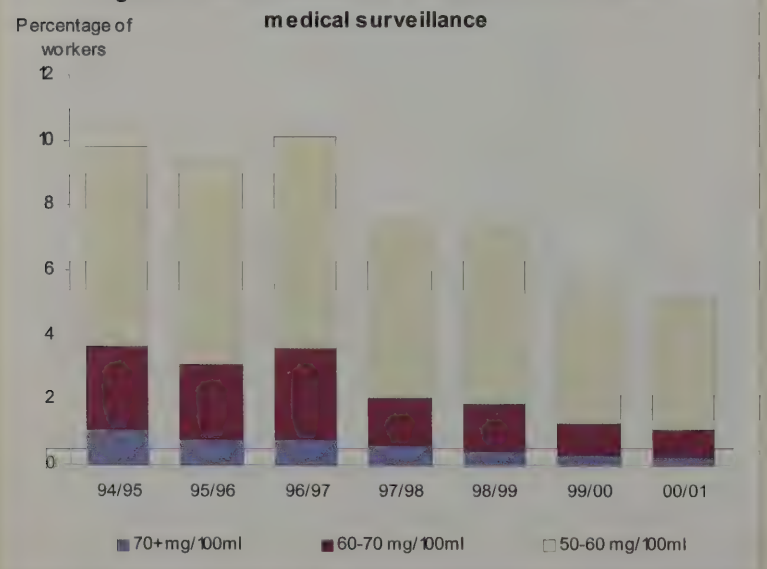

- A Medical Research Council (MRC) survey in 1997-98 gave a national prevalence estimate of 509 000 people in Great Britain suffering from hearing difficulties as a result of exposure to noise at work. This is much larger than the available estimates from the SWI surveys.
- Numbers of new cases of noise-induced deafness qualifying for IIS disablement benefit have been falling steadily since the mid 1980s, reaching 226 in 2000. However, the number rose slightly to 263 in 2001.
- The industry groups with the highest average annual incidence rates of new cases qualifying for benefit (based on 1999 -2001 figures) were extraction energy and water supply, manufacturing and construction.

**Figure 52: Vibration white finger**




- A Medical Research Council (MRC) survey in 1997-98 gave a national prevalence estimate of 301 000 sufferers from vibration white finger (VWF), a disorder of the blood supply to the fingers and hand. This is much larger than the available estimates from the SWI surveys.
- The number of new cases of VWF assessed for IIS disablement benefit was 3317 in 2000/01, slightly higher than in the preceding five years (there were 3212 in 1999/2000). Figures for earlier years fluctuated widely, peaking at 5403 in 1990/91 and falling to 1425 in 1993/94.
- The number of new IIS cases of carpal tunnel syndrome (arising from entrapment or compression of nerves in the wrist) assessed for disablement benefit continues to rise, with 600 cases in 2001/02 compared with 475 the previous year and 267 in 1993/94.

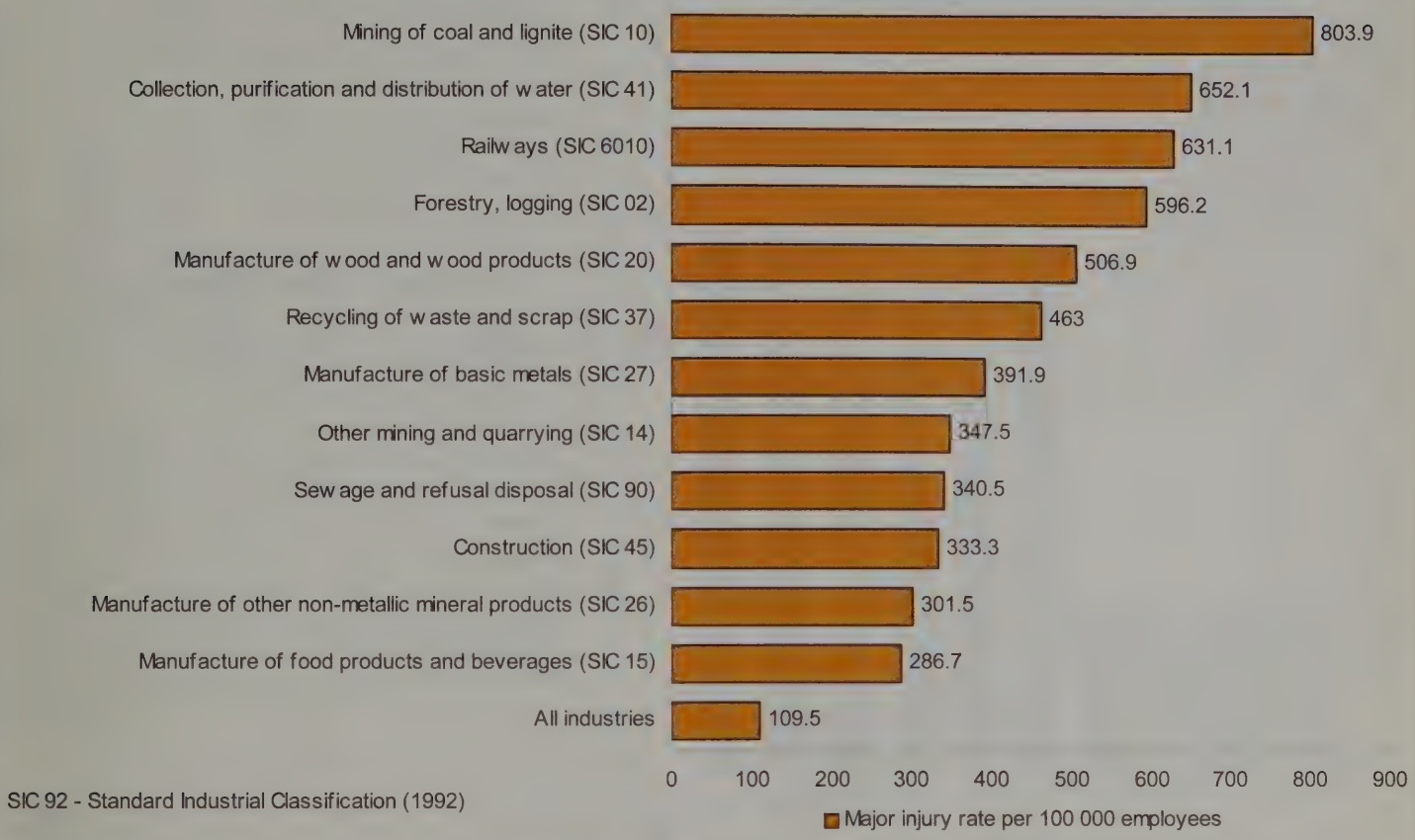
**Figure 53: Blood-lead levels of male workers under medical surveillance**




- The total number of lead workers under medical surveillance fell for the third consecutive year, to 16 000 in 2000/01.
- In 2000/01 the proportion of male workers with blood-lead levels at or above 60µg/100ml (the suspension level under the Control of Lead at Work Regulations 1998) was 1.1%, the lowest ever recorded.
- The proportion of women with blood-lead levels at or above 30 µg/100ml (the suspension level for females of reproductive capacity) rose to 4.5% (32 workers) in 2000/01, but the numbers are small and tend to fluctuate from year to year.
- In 2000/01 demolition and lead batteries were the industrial sectors where the proportions of workers above the suspension level were greatest.

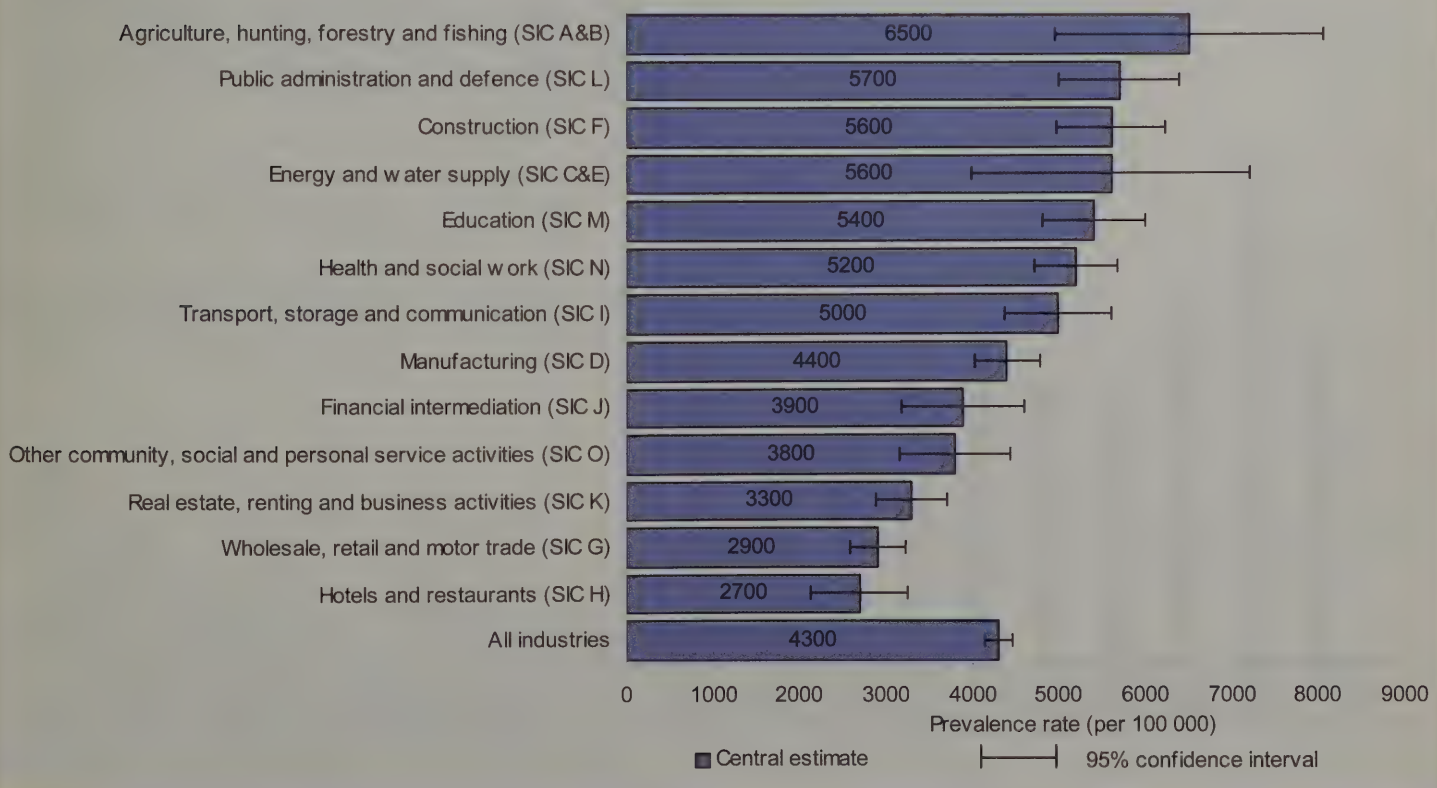
# Riskiest industries for injuries and ill health

**Figure 54: Rate of reported major injury to employees, per 100 000, by SIC 92 Industry Section, 2001/02p**



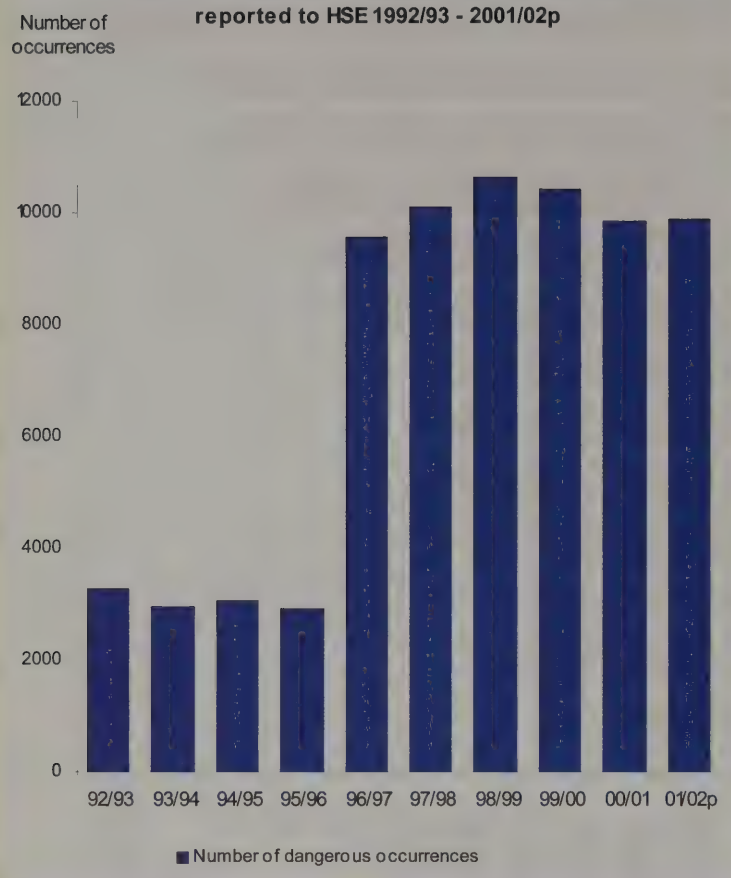

SIC 92 - Standard Industrial Classification (1992)

**Figure 55: Estimated prevalence rates of self-reported illness caused or made worse by current or most recent job, by SIC 92 Industry Section, per 100 000 people working in the last 8 years, 2001/02**



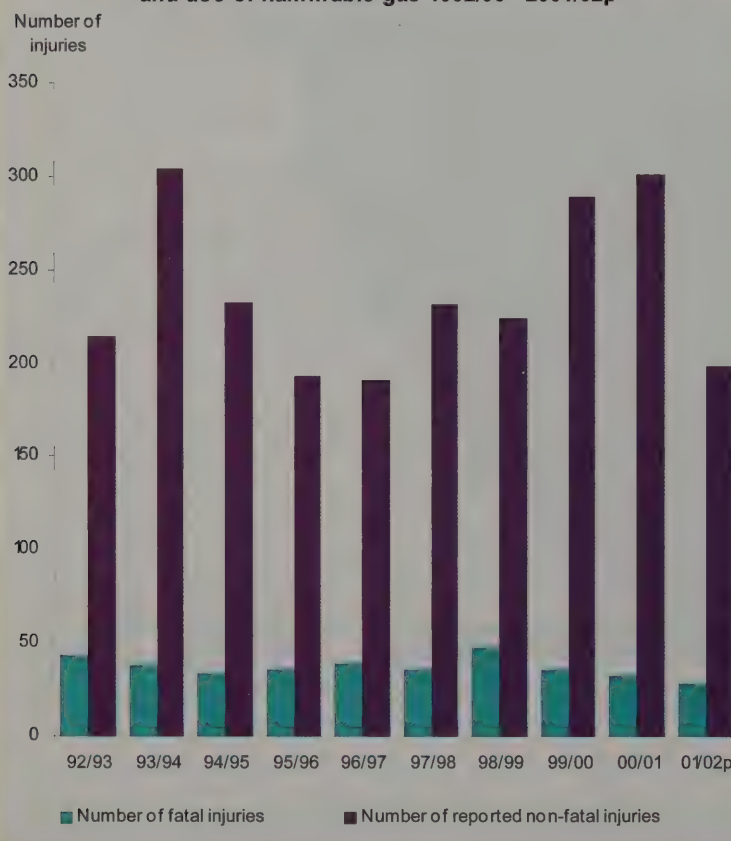
# Dangerous Occurrences and Gas Safety
(See tables 16 & 17)

**Figure 56: Number of dangerous occurrences reported to HSE 1992/93 - 2001/02p**




- In 2001/02, 9899 dangerous occurrences were reported to HSE, an increase of 57 (0.6%) compared with the previous year, but a decrease of 7% from 1998/99, when the largest number of dangerous occurrences were reported since the introduction of RIDDOR 95.
- RIDDOR 95 reports dangerous occurrences under five sections. In 2001/02, the number of dangerous occurrences reported were:
  - 5061 (51%) in relation to railways
  - 4196 (42%) in relation to any place of work
  - 462 (5%) in relation to offshore workplaces
  - 93 (0.9%) in relation to quarries
  - 87 (0.9%) in relation to mines.
- In 2001/02, the total number of occurrences reported in relation to any place of work and to offshore workplaces decreased, whereas the number of occurrences reported in relation to mines, quarries and railways increased.
- Of the dangerous occurrences reported in relation to any place of work, 29% were due to failure of lifting machinery in 2001/02 compared with 24% in 2000/01, and 18% were due to the escape of substances.

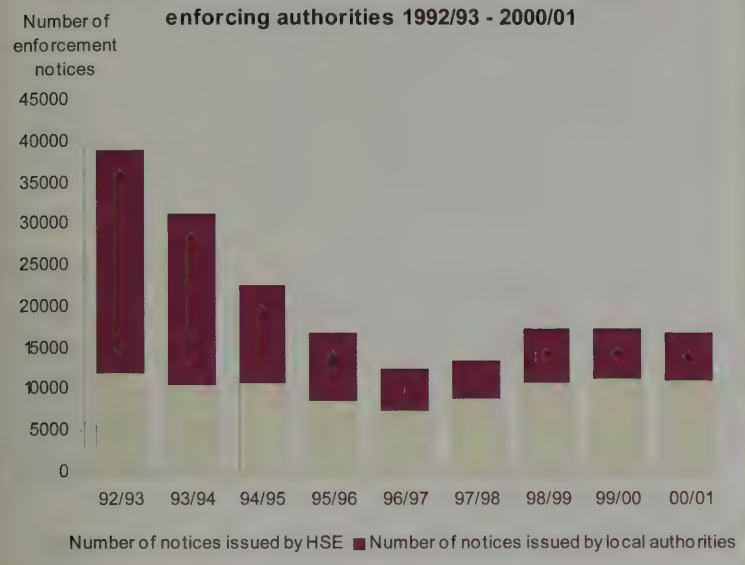
**Figure 57: Number of injuries relating to the supply and use of flammable gas 1992/93 - 2001/02p**




- The total number of incidents involving the supply and use of flammable gas and causing injury has decreased by 15% in 2001/02 to 148 from 174 in 2000/01. This is the lowest number of incidents over the past five years, and follows a previous upward trend in the last five years.
- In 2001/02, there were 29 fatal injuries resulting from incidents involving gas , a drop of 12% from the previous year. Of these 24 fatal injuries were due to carbon monoxide poisoning and 5 were due to an explosion or fire.
- The number of non-fatal injuries resulting from incidents involving gas, decreased by 34% in 2001/02 to 198. This follows an upward trend in the past five years.

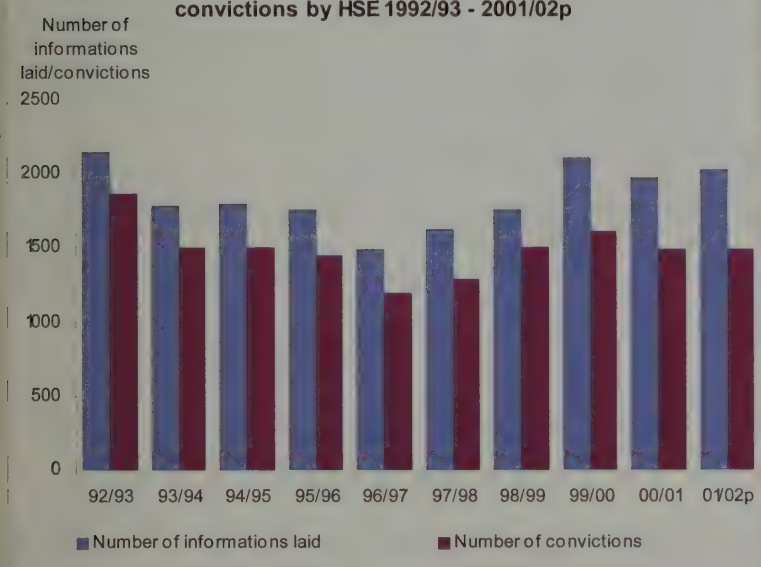
# Enforcement
(See tables 18, 19 & 20)

**Figure 58: Number of enforcement notices issued by enforcing authorities 1992/93 - 2000/01**



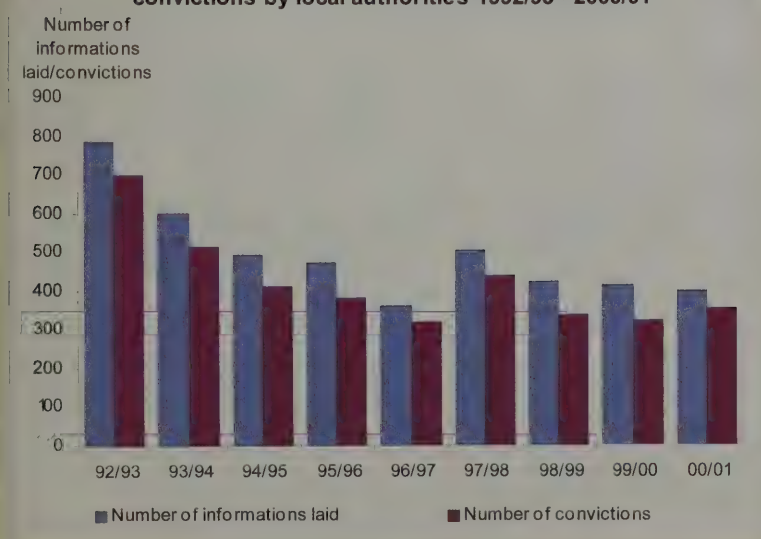

- In 2000/01, there were 16 866 enforcement notices issued by all enforcing authorities, a 3% decrease on the previous year. Statistics for enforcement notices for 2001/02 issued by local authorities are not yet available, but the number issued by local authorities dropped substantially from 26 980 in 1992/93 to 5810 in 2000/01.
- In 2001/02 HSE issued 11 009 enforcement notices, 47 less than the year before. The number of notices fell in the early 1990s from 11 914 in 1992/93 to 7444 in 1996/97 but has risen since. The figure for 2001/02 is 8% lower than ten years ago in 1992/93.
- In 2001/02, the number of improvement notices issued by HSE decreased in agriculture and the extractive industries, but increased in all other industries. The number of prohibition notices increased in all industries except agriculture.

**Figure 59: Number of informations laid and convictions by HSE 1992/93 - 2001/02p**




- In 2001/02, there were 2035 informations laid by HSE, one of the highest numbers reported and a 3% increase from 2000/01. The number generally fell in the early 1990s to 1490 in 1996/97, and rose till 1999/2000.
- The number of informations laid in the main industries fluctuates year on year, but the number is higher that it was five years ago in all industries apart from construction.
- In 2001/02, the proportion of informations laid by HSE which resulted in a conviction was 73%, compared with 76% in 2000/01 and 1999/2000. This proportion ranged from 63% in the extractive industries to 70% in the services sector.
- The average fine for offences which lead to a conviction under health and safety legislation brought by HSE in 2001/02 was £8 284, this is the highest fine in the last five years.

**Figure 60: Number of informations laid and convictions by local authorities 1992/93 - 2000/01**




- Statistics for 2001/02 for prosecutions by local authorities are not yet available. In 2000/01, there were 401 informations laid by local authorities, a decrease of 21% compared with 1997/98, when the highest number was reported since 1993/94.
- In 2000/01 the proportion of informations laid by local authorities that lead to a conviction was 88% compared with 78 % in 1999/2000.
- The average fine per conviction by local authorities was £3 903 in 2000/01, a decrease of 15% from the previous year when the highest fine in the last four years was reported.

# Injury tables

**Table 1: Number and rate of reported fatal injuries to workers**

| | | 92/93 | 93/94 | 94/95 | 95/96 | 96/97 | 97/98 | 98/99 | 99/00 | 00/01 | 01/02p |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Employees | Number | 276 | 245 | 191 | 209 | 207 | 212 | 188 | 162 | 213 | 204 |
| | Rate (a) | 1.3 | 1.2 | 0.9 | 1.0 | 0.9 | 0.9 | 0.8 | 0.7 | 0.9 | 0.8 |
| Self-employed | Number | 63 | 51 | 81 | 49 | 80 | 62 | 65 | 58 | 79 | 45 |
| | Rate (b) | 2.0 | 1.6 | 2.5 | 1.5 | 2.3 | 1.8 | 1.9 | 1.7 | 2.4 | 1.3 |
| Workers | Number | 339 | 296 | 272 | 258 | 287 | 274 | 253 | 220 | 292 | 249 |
| | Rate (c) | 1.4 | 1.2 | 1.1 | 1.0 | 1.1 | 1.0 | 0.9 | 0.8 | 1.0 | 0.9 |

**Table 2: Number and rate of reported major* injuries to workers**

| | | 92/93 | 93/94 | 94/95 | 95/96 | 96/97 | 97/98 | 98/99 | 99/00 | 00/01 | 01/02p |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Employees | Number | 16938 | 16705 | 17041 | 16568 | 27964 | 29187 | 28368 | 28652 | 27524 | 27477 |
| | Rate (a) | 80.3 | 79.3 | 80.4 | 77.1 | 127.5 | 127.6 | 121.7 | 116.6 | 110.2 | 109.5 |
| Self-employed | Number | 1115 | 1274 | 1313 | 1166 | 1356 | 815 | 685 | 663 | 630 | 906 |
| | Rate (b) | 35.8 | 40.6 | 40.4 | 36.0 | 38.4 | 23.3 | 20.3 | 19.7 | 19.2 | 27.1 |
| Workers | Number | 18053 | 17979 | 18354 | 17734 | 29320 | 30002 | 29053 | 29315 | 28154 | 28383 |
| | Rate (c) | 74.6 | 74.2 | 75.1 | 71.7 | 115.1 | 113.8 | 108.8 | 104.9 | 99.6 | 99.8 |

**Table 3: Number and rate of reported over-3-day* injuries to workers**

| | | 92/93 | 93/94 | 94/95 | 95/96 | 96/97 | 97/98 | 98/99 | 99/00 | 00/01 | 01/02p |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Employees | Number | 141147 | 134928 | 139349 | 130582 | 127286 | 134789 | 132295 | 135381 | 134105 | 127084 |
| | Rate (a) | 669.0 | 640.2 | 657.2 | 607.4 | 580.1 | 589.2 | 567.3 | 550.9 | 536.9 | 506.3 |
| Self-employed | Number | 2136 | 2531 | 2869 | 2394 | 2282 | 984 | 849 | 732 | 715 | 895 |
| | Rate (b) | 68.5 | 80.7 | 88.4 | 73.8 | 64.6 | 28.1 | 25.2 | 21.8 | 21.8 | 26.8 |
| Workers | Number | 143283 | 137459 | 142218 | 132976 | 129568 | 135773 | 133144 | 136113 | 134820 | 127979 |
| | Rate (c) | 591.8 | 567.7 | 581.6 | 537.5 | 508.7 | 514.8 | 498.8 | 487.3 | 477.1 | 450.0 |

**Table 4: Number of reported fatal and reported non-fatal* injuries to members of the public**

| | 92/93 | 93/94 | 94/95 | 95/96 | 96/97 | 97/98 | 98/99 | 99/00 | 00/01 | 01/02p |
|---|---|---|---|---|---|---|---|---|---|---|
| Fatal | 113 | 107 | 104 | 86 | 367 | 393 | 369 | 436 | 444 | 384 |
| Non-fatal (d) | 10669 | 11552 | 12642 | 13234 | 35694 | 28613 | 23800 | 25059 | 20836 | 14362 |

(a) Per 100 000 employees
(b) Per 100 000 self-employed
(c) Per 100 000 workers
(d) The definition of a non-fatal injury to members of the public is different to that of a worker (see technical note).
* Non-fatal (major and over-3-day) injury statistics from 1996/97 cannot be compared with earlier years (see Technical note on page 30).

**Table 5: Rates of all reported non-fatal injuries and averaged LFS rate of reportable non-fatal injury to workers**

| | 89/90 | 94/95 | 95/96 | 96/97 | 97/98 | 98/99 | 99/00 | 00/01 | 01/02p |
|---|---|---|---|---|---|---|---|---|---|
| LFS reportable (workers) | 2480 | 1740 | 1640 | 1590 | 1510 | 1490 | 1500 | 1530 | n/a |
| RIDDOR reported (employees) | 835 | 738 | 684 | 708 | 717 | 689 | 667 | 647 | 616 |
| Percentage of injuries reported | 33.6 | 42.5 | 41.6 | 44.6 | 47.4 | 46.2 | 44.4 | 42.3 | n/a |

**Table 6: Revitalising Indicator - Rates of reported fatal and major injury**

| | 96/97 | 97/98 | 98/99 | 99/00 | 00/01 | 01/02p |
|---|---|---|---|---|---|---|
| Rate of reported fatal and major injury (a) | 128.6 | 128.6 | 122.6 | 117.4 | 111.2 | 110.4 |
| Uprated rate of fatal and major injury (b) | 286.9 | 270.4 | 264.1 | 263.2 | 261.6 | 268.9 |

(a) Rate of fatal injury per 100 000 workers plus the rate of major injury per 100 000 employees.
(b) Rate of fatal injury per 100 000 workers plus the rate of major injury uprated for under-reporting, using a reporting level derived from an averaged Labour Force Survey (LFS) rate for each year. The level used for 2001/02 is 40.9%, a projection from reporting levels in 1997/98 to 2000/01.

# Injury tables

**Industries - rates of reported fatal injury to workers (a), reported non-fatal* injury to employees (b) and averaged rate of reportable injury from the LFS to workers (a)**

**Table 7*: In agriculture, hunting, forestry and fishing***

| | 92/93 | 93/94 | 94/95 | 95/96 | 96/97 | 97/98 | 98/99 | 99/00 | 00/01 | 01/02p |
|---|---|---|---|---|---|---|---|---|---|---|
| Fatal (a) | 7.5 | 7.3 | 8.5 | 8.0 | 10.8 | 7.5 | 9.3 | 7.7 | 10.2 | 9.2 |
| Major (b) | 144.2 | 147.1 | 142.6 | 158.6 | 256.9 | 223.3 | 205.6 | 224.4 | 213.9 | 239.3 |
| Over-3-day (b) | 483.0 | 436.1 | 441.8 | 497.3 | 552.0 | 443.9 | 427.5 | 487.0 | 493.3 | 621.9 |
| LFS reportable (a) | n/a | n/a | 2290 | 2180 | 2020 | 1830 | 2270 | 2520 | 2760 | n/a |

**Table 8: *In extractive and utility supply industries (c)***

| | 92/93 | 93/94 | 94/95 | 95/96 | 96/97 | 97/98 | 98/99 | 99/00 | 00/01 | 01/02p |
|---|---|---|---|---|---|---|---|---|---|---|
| Fatal (a) | n/a | n/a | n/a | 7.7 | 4.0 | 8.0 | 5.0 | 3.5 | 4.4 | 7.6 |
| Major (b) | 255.6 | 235.5 | 194.6 | 225.9 | 315.1 | 282.7 | 246.8 | 244.1 | 267.0 | 250.6 |
| Over-3-day (b) | 2066.9 | 1767.7 | 1587.0 | 1411.5 | 1402.8 | 1482.6 | 1347.9 | 1254.9 | 1354.7 | 1239.1 |

**Table 9: *In manufacturing***

| | 92/93 | 93/94 | 94/95 | 95/96 | 96/97 | 97/98 | 98/99 | 99/00 | 00/01 | 01/02p |
|---|---|---|---|---|---|---|---|---|---|---|
| Fatal (a) | 1.3 | 1.5 | 1.3 | 1.0 | 1.4 | 1.4 | 1.6 | 1.0 | 1.2 | 1.2 |
| Major (b) | 136.2 | 138.6 | 138.9 | 130.5 | 206.4 | 216.1 | 201.5 | 204.1 | 194.2 | 187.4 |
| Over-3-day (b) | 1219.0 | 1162.1 | 1193.7 | 1067.4 | 1002.8 | 1026.1 | 969.8 | 1007.9 | 998.8 | 936.4 |
| LFS reportable (a) | n/a | n/a | 2230 | 2130 | 1960 | 1980 | 1960 | 2110 | 2080 | n/a |

**Table 10*: In construction***

| | 92/93 | 93/94 | 94/95 | 95/96 | 96/97 | 97/98 | 98/99 | 99/00 | 00/01 | 01/02p |
|---|---|---|---|---|---|---|---|---|---|---|
| Fatal (a) | 5.9 | 5.7 | 5.1 | 5.0 | 5.6 | 4.6 | 3.8 | 4.7 | 5.9 | 4.2 |
| Major (b) | 230.4 | 214.4 | 221.2 | 224.0 | 403.0 | 382.3 | 402.7 | 395.9 | 380.9 | 333.3 |
| Over-3-day (b) | 1277.6 | 1127.4 | 1139.4 | 1030.3 | 1078.6 | 966.3 | 863.4 | 917.0 | 829.2 | 758.8 |
| LFS reportable (a) | n/a | n/a | 2970 | 2550 | 2700 | 2430 | 2590 | 2530 | 2580 | n/a |

**Table 11: *In health services***

| | 96/97 | 97/98 | 98/99 | 99/00 | 00/01 | 01/02p |
|---|---|---|---|---|---|---|
| Fatal (b) | 0.1 | - | - | - | 0.1 | 0.1 |
| Major (b) | 94.2 | 94.3 | 93.1 | 84.1 | 78.3 | 77.7 |
| Over-3-day (b) | 766.2 | 737.5 | 745.5 | 671.2 | 618.7 | 610.4 |
| LFS reportable (b) | 1920 | 1720 | 1480 | 1450 | 1280 | n/a |

**Table 12: *In service industries***

| | 92/93 | 93/94 | 94/95 | 95/96 | 96/97 | 97/98 | 98/99 | 99/00 | 00/01 | 01/02p |
|---|---|---|---|---|---|---|---|---|---|---|
| Fatal (a) | 0.7 | 0.5 | 0.5 | 0.4 | 0.4 | 0.4 | 0.3 | 0.3 | 0.4 | 0.3 |
| Major (b) | 51.2 | 51.3 | 53.5 | 50.1 | 90.8 | 88.4 | 83.7 | 79.5 | 75.3 | 78.7 |
| Over-3-day (b) | 462.3 | 459.9 | 479.4 | 447.5 | 444.9 | 456.1 | 450.8 | 430.0 | 423.4 | 403.6 |
| LFS reportable (a) | n/a | n/a | 1460 | 1410 | 1360 | 1290 | 1250 | 1240 | 1280 | n/a |

**Table 13: Number of reported fatal injuries to workers by kinds of accident**

| | 92/93 | 93/94 | 94/95 | 95/96 | 96/97 | 97/98 | 98/99 | 99/00 | 00/01 | 01/02p |
|---|---|---|---|---|---|---|---|---|---|---|
| Falls from a height (d) | 90 | 81 | 79 | 64 | 88 | 92 | 80 | 68 | 74 | 68 |
| Struck by a moving vehicle | 51 | 46 | 45 | 42 | 43 | 45 | 48 | 34 | 64 | 40 |
| Struck by moving/falling object | 45 | 33 | 39 | 32 | 57 | 41 | 41 | 35 | 51 | 43 |
| Trapped by something collapsing/overturning | 36 | 52 | 33 | 41 | 16 | 25 | 15 | 16 | 40 | 8 |
| **Total workers (e)** | **339** | **296** | **272** | **258** | **287** | **274** | **253** | **220** | **292** | **249** |

### Table 14: Number of reported major* injuries to employees by kinds of accident

| | 92/93 | 93/94 | 94/95 | 95/96 | 96/97 | 97/98 | 98/99 | 99/00 | 00/01 | 01/02p |
|---|---|---|---|---|---|---|---|---|---|---|
| Falls from a height (d) | 3741 | 3503 | 3552 | 3530 | 5023 | 5382 | 5454 | 5500 | 5286 | 3996 |
| Slips, trips or falls on the same level | 5513 | 5962 | 5941 | 5800 | 8562 | 8671 | 9007 | 9087 | 9054 | 10118 |
| Struck by moving/falling object | 2013 | 2010 | 2046 | 1978 | 4606 | 4739 | 4287 | 4370 | 3988 | 3993 |
| Injured while handling, lifting or carrying | 1092 | 1087 | 1235 | 1134 | 2745 | 3002 | 2894 | 2862 | 2695 | 2809 |
| Struck by a moving vehicle | 565 | 524 | 574 | 572 | 903 | 915 | 928 | 959 | 823 | 722 |
| **Total employees (e)** | **16938** | **16705** | **17041** | **16568** | **27964** | **29187** | **28368** | **28652** | **27524** | **27477** |

### Table 15: Number of reported over-3-day* injuries to employees by kinds of accident

| | 92/93 | 93/94 | 94/95 | 95/96 | 96/97 | 97/98 | 98/99 | 99/00 | 00/01 | 01/02p |
|---|---|---|---|---|---|---|---|---|---|---|
| Slips, trips or falls on the same level | 28501 | 28441 | 28537 | 26790 | 24537 | 25883 | 26687 | 27615 | 28552 | 29509 |
| Struck by moving/falling object | 19716 | 18809 | 20082 | 18663 | 18283 | 18772 | 18029 | 18293 | 16892 | 16008 |
| Injured while handling, lifting or carrying | 49664 | 46885 | 48563 | 45015 | 46366 | 50640 | 49044 | 48729 | 48327 | 48000 |
| Struck by a moving vehicle | 3427 | 3217 | 3460 | 3327 | 2810 | 3071 | 2934 | 3172 | 3128 | 2085 |
| **Total employees (e)** | **141147** | **134928** | **139349** | **130582** | **127286** | **134789** | **132295** | **135381** | **134105** | **127084** |

(a) Per 100 000 workers.
(b) Per 100 000 employees.
(c) LFS rates are not available for this sector due to the numbers being relatively small.
(d) Falls from a height include falls from, up to and including 2 metres, over 2 metres and height not known.
(e) The total number of injuries includes other kinds of accident not shown in the table.
* Non-fatal (major and over-3-day) injury statistics from 1996/97 cannot be compared directly with earlier years due to the introduction of revised injury reporting requirements (RIDDOR 95) in 1996.
n/a not available

### Table 16: Number of dangerous occurrences reported to HSE

| | 96/97 | 97/98 | 98/99 | 99/00 | 00/01 | 01/02p |
|---|---|---|---|---|---|---|
| Part 1(Notifiable in relation to any place of work) | 3829 | 4273 | 4333 | 4479 | 4333 | 4196 |
| Part 2 (Notifiable in relation to mines) | 70 | 96 | 114 | 79 | 77 | 87 |
| Part 3 (Notifiable in relation to quarries) | 114 | 105 | 122 | 92 | 63 | 93 |
| Part 4 (Notifiable in relation to railways) | 5197 | 5218 | 5625 | 5309 | 4825 | 5061 |
| Part 5 (Notifiable in relation to offshore workplaces) | 347 | 403 | 446 | 453 | 544 | 462 |
| **Total dangerous occurrences** | **9557** | **10095** | **10640** | **10412** | **9842** | **9899** |

### Table 17: Number of incidents relating to the supply and use of flammable gas

| | | 96/97 | 97/98 | 98/99 | 99/00 | 00/01 | 01/02p |
|---|---|---|---|---|---|---|---|
| Number of incidents | Explosion/fire | 40 | 45 | 37 | 56 | 38 | 43 |
| | Carbon monoxide poisoning | 103 | 119 | 114 | 118 | 136 | 105 |
| | **Total** | **143** | **164** | **151** | **174** | **174** | **148** |
| Number of fatal injuries | Explosion/fire | 9 | 8 | 11 | 10 | 8 | 5 |
| | Carbon monoxide poisoning | 31 | 28 | 37 | 26 | 25 | 24 |
| | **Total** | **40** | **36** | **48** | **36** | **33** | **29** |
| Number of non-fatal injuries | Explosion/fire | 35 | 43 | 30 | 61 | 36 | 46 |
| | Carbon monoxide poisoning | 156 | 189 | 194 | 228 | 265 | 152 |
| | **Total** | **191** | **232** | **224** | **289** | **301** | **198** |

**Table 18: Number of enforcement notices issued by all enforcing authorities**

| | | Improvement notice | Deferred prohibition notice | Immediate prohibition notice | Total |
|---|---|---|---|---|---|
| 97/98 (a) | HSE | 4411 | 181 | 4319 | 8911 |
| | Local authorities | 3320 | 110 | 1070 | 4500 |
| | **Total** | **7731** | **291** | **5389** | **13411** |
| 98/99 | HSE | 6353 | 199 | 4348 | 10900 |
| | Local authorities | 5140 | 130 | 1200 | 6470 |
| | **Total** | **11493** | **329** | **5548** | **17370** |
| 99/00 | HSE | 6972 | 196 | 4172 | 11340 |
| | Local authorities | 4850 | 80 | 1170 | 6100 |
| | **Total** | **11822** | **276** | **5342** | **17440** |
| 00/01 | HSE | 6671 | 147 | 4238 | 11056 |
| | Local authorities | 4720 | 60 | 1030 | 5810 |
| | **Total** | **11391** | **207** | **5268** | **16866** |
| 01/02p | HSE | 6667 | 117 | 4225 | 11009 |
| | Local authorities (b) | - | - | - | - |

**Table 19: Number of proceedings instituted by all enforcing authorities**

| | | Informations laid | Convictions |
|---|---|---|---|
| 97/98 | HSE | 1627 | 1284 |
| | Local authorities | 506 | 440 |
| 98/99 | HSE | 1759 | 1512 |
| | Local authorities | 424 | 337 |
| 99/00 | HSE | 2115 | 1616 |
| | Local authorities | 412 | 322 |
| 00/01 | HSE | 1973 | 1490 |
| | Local authorities | 401 | 352 |
| 01/02p | HSE | 2035 | 1494 |
| | Local authorities (b) | - | - |

**Table 20: Number of enforcement notices issued by HSE by industry**

| | Type of notice | Agriculture, hunting, forestry & fishing | Extractive & utility supply industries | Manufacturing industries | Construction | Service industries |
|---|---|---|---|---|---|---|
| 97/98 (a) | Improvement | 810 | 49 | 2435 | 153 | 964 |
| | Deferred prohibition | 35 | - | 61 | 47 | 38 |
| | Immediate prohibition | 974 | 120 | 1030 | 1828 | 367 |
| | **Total** | **1819** | **169** | **3526** | **2028** | **1369** |
| 98/99 | Improvement | 933 | 156 | 3087 | 582 | 1595 |
| | Deferred prohibition | 33 | - | 67 | 55 | 44 |
| | Immediate prohibition | 799 | 117 | 1055 | 2017 | 360 |
| | **Total** | **1765** | **273** | **4209** | **2654** | **1999** |
| 99/00 | Improvement | 976 | 148 | 3493 | 681 | 1674 |
| | Deferred prohibition | 21 | 5 | 30 | 112 | 28 |
| | Immediate prohibition | 644 | 85 | 1090 | 1975 | 378 |
| | **Total** | **1641** | **238** | **4613** | **2768** | **2080** |
| 00/01 | Improvement | 694 | 195 | 3851 | 539 | 1392 |
| | Deferred prohibition | 21 | 1 | 46 | 55 | 24 |
| | Immediate prohibition | 590 | 55 | 1203 | 2036 | 354 |
| | **Total** | **1305** | **251** | **5100** | **2630** | **1770** |
| 01/02p | Improvement | 427 | 142 | 3944 | 562 | 1592 |
| | Deferred prohibition | 16 | 1 | 49 | 29 | 22 |
| | Immediate prohibition | 253 | 111 | 1308 | 2154 | 399 |
| | **Total** | **696** | **254** | **5301** | **2745** | **2013** |

(a) In 1997/98, approximately 630 Notices of Intent led to work being completed within two weeks. Therefore, Improvement Notices were not issued. In the absence of the Notice of Intent procedure, 1997/98 enforcement notice numbers would have been about 630 higher.

(b) Enforcement notice figures include estimates for local authorities that did not provide data. No such estimates are made for proceedings instituted. Statistics for 2001/02 are not yet available.

**Table 21: Estimated prevalence of self-reported illness caused or made worse by work, by type of complaint, for people ever employed, 2001/02**

| Type of complaint | Sample cases | Estimated prevalence (a) (thousands) | | |
|---|---|---|---|---|
| | | Central estimate | 95% C.I. | |
| | | | lower | upper |
| Musculoskeletal disorders | 2439 | **1126** | 1081 | 1172 |
| mainly affects the upper limbs or neck | 867 | **396** | 369 | 423 |
| mainly affects the lower limbs | 460 | **209** | 190 | 229 |
| mainly affects the back | 1112 | **520** | 489 | 552 |
| Breathing or lung problem | 380 | **168** | 151 | 185 |
| Skin problems | 82 | **39** | 30 | 48 |
| Hearing problems | 202 | **87** | 75 | 100 |
| Stress, depression or anxiety | 1186 | **563** | 530 | 596 |
| Heart disease/attack, other circulatory system | 176 | **80** | 68 | 92 |
| Headache and/or eyestrain | 108 | **54** | 43 | 65 |
| Infectious disease (virus, bacteria) | 67 | **33** | 25 | 41 |
| Other types of complaint | 362 | **171** | 153 | 189 |
| Missing | 13 | .. | .. | .. |
| | | | | |
| All persons | 5015 | **2328** | 2261 | 2394 |

.. Not applicable
95% C.I.: 95% confidence interval, the range within which we are 95% confident that the true value lies.
(a) The estimates in this table (and Figure 10) are based on the Self-reported Work-related Illness (SWI) survey for 2001/02. They are not comparable with the results of earlier SWI surveys because of differences in design, coverage and the level of information collected. Please see Technical Note on Page 32.

**Table 22: Comparison of estimated 1990, 1995, 1998/99 and 2001/02 prevalence rates of self-reported illness caused or made worse by work, by type of complaint, for people working in the last 12 months in England and Wales**

| Type of complaint | Year (b) | Sample cases | Rate per 100 000 employed in last 12 months | | |
|---|---|---|---|---|---|
| | | | Central estimate | 95% C.I. | |
| | | | | lower | upper |
| All persons | 1990 | 2900 | **5900** | 5700 | 6200 |
| | 1995 | 940 | **6300** | 5900 | 6700 |
| | 1998/99 | 2662 | **4700** | 4500 | 4900 |
| | 2001/02 | 2789 | **5000** | 4800 | 5200 |
| Musculoskeletal disorders | 1990 | 1342 | **2800** | 2600 | 2900 |
| | 1995 | 544 | **3600** | 3300 | 4000 |
| | 1998/99 | 1146 | **2000** | 1900 | 2100 |
| | 2001/02 | 1232 | **2200** | 2100 | 2300 |
| Stress and related conditions (a) | 1990 | 399 | **820** | 730 | 900 |
| | 1995 | 168 | **1100** | 900 | 1200 |
| | 1998/99 | 931 | **1600** | 1500 | 1800 |
| | 2001/02 | 961 | **1700** | 1600 | 1800 |

95% C.I.: 95% confidence interval, the range within which we are 95% confident that the true value lies.
(a) Includes stress, depression or anxiety and heart conditions.
(b) The estimates in this table (and in Figure 11) are based on four separate SWI surveys, each linked to the Labour Force Survey in the year concerned. They have been adjusted such that the coverage is approximately consistent but comparisons will still be affected by factors such as differences in question wording and survey design. Please see Technical Note on Page 32.

**Table 23: Estimated incidence and rates of self-reported illness caused or made worse by work, by type of complaint, 2001/02 (a)**

| Type of complaint | Sample cases | Central estimate | 95% C.I. | |
|---|---|---|---|---|
| | | | lower | upper |
| **Estimated incidence (thousands) for people ever employed** | | | | |
| All persons | 1427 | **686** | 649 | 723 |
| Musculoskeletal disorders | 495 | **240** | 219 | 262 |
| Stress, depression or anxiety | 559 | **265** | 242 | 288 |
| **Estimated incidence rates per 100 000 employed in the last 12 months** | | | | |
| All persons | 1340 | **2200** | 2100 | 2300 |
| Musculoskeletal disorders | 455 | **760** | 690 | 830 |
| Stress, depression or anxiety | 550 | **880** | 810 | 960 |

95% C.I.: 95% confidence interval, the range within which we are 95% confident that the true value lies.

(a) The estimates in this table (and the 2001/02 data in Figure 14) are based on the Self-reported Work-related Illness (SWI) survey for 2001/02. They are not comparable with the results of the 1995 SWI survey because of differences in design, coverage and the level of information collected. Please see Technical Note on Page 32.

**Table 24: Estimated number of working days lost due to work-related ill health and workplace injuries, 2000-02**

| Survey period | | Days lost (thousands) | | | Average days lost per case | | |
|---|---|---|---|---|---|---|---|
| | | Central estimate | 95% C.I. | | Central estimate | 95% C.I. | |
| | | | lower | upper | | lower | upper |
| **Days lost due to work-related ill health (full-day equivalent) (a)** | | | | | | | |
| 2001/02 | Total | **32906** | 30151 | 35661 | **22.9** | 21.1 | 24.6 |
| | Musculoskeletal disorders | **12276** | 10631 | 13921 | **19.4** | 17.0 | 21.8 |
| | Stress, depression or anxiety | **13401** | 11606 | 15196 | **29.2** | 25.8 | 32.6 |
| **Days lost due to workplace injuries** | | | | | | | |
| 2000/01 | Total | **7257** | 6321 | 8192 | **14.5** | 12.6 | 15.3 |
| **Days lost due to work-related ill health and workplace injuries (b)** | | | | | | | |
| 2000-02 | Total | **40163** | 36800 | 43526 | **n/a** | n/a | n/a |

95% C.I.: 95% confidence interval, the range within which we are 95% confident that the true value lies.

(a) The estimates of days lost due to ill health in this Table (and the 2001/02 data in Figures 12 and 15) are based on the Self-reported Work-related Illness (SWI) survey for 2001/02. They are not comparable with those from the 1995 SWI survey because of differences in design, coverage and the level of information collected. Please see Technical Note on Page 32.

(b) The total estimates in this table (and in Figure 15) combine estimates for injuries and ill health from different dates, and using somewhat different methodologies. The estimates for 2004/05 and 2009/10 are planned to be from single surveys. The methodologies are currently being reviewed to ensure greater consistency between the two estimates. The 95% CI for the total has been estimated by assuming that the lower and upper limits are the same proportions of the central estimate as for ill health.

n/a: not available

**Table 25: Time series for selected occupational diseases (various sources) (a)**

| Year | Mesothelioma (death certificates) | Asbestosis (IIS assessed cases) (b) | Other Pneumoconiosis (IIS assessed cases) | Deafness (IIS assessed cases) (b) | Asthma (ODIN reports) (c) | Dermatitis (ODIN reports) |
|---|---|---|---|---|---|---|
| **1987** | 814 | 282 | 441 | 1202 | n/a | n/a |
| **1988** | 872 | 225 | 392 | 1261 | n/a | n/a |
| **1989** | 909 | 280 | 419 | 1170 | n/a | n/a |
| **1990** | 895 | 306 | 403 | 1128 | n/a | n/a |
| **1991** | 1023 | 330 | 421 | 1041 | n/a | n/a |
| **1992** | 1097 | 354 | 411 | 972 | 1047 | n/a |
| **1993** | 1152 | 418 | 435 | 901 | 877 | n/a |
| **1994** | 1246 | 376 | 630 | 882 | 941 | n/a |
| **1995** | 1317 | 427 | 433 | 763 | 851 | n/a |
| **1996** | 1322 | 479 | 362 | 531 | 1136 | 3643 |
| **1997** | 1367 | 344 | 249 | 413 | 1031 | 3124 |
| **1998** | 1541 | 316 | 554 | 258 | 808 | 3587 |
| **1999** | 1613 | 407 | 461 | 316 | 1129 | 3933 |
| **2000** | 1628 | 447 | 419 | 226 | 785 | 3410 |
| **2001** | n/a | 461 | 510 | 263 | 650 | 2782 |

n/a: not available

(a) For descriptions of the sources please see Technical Note on Page 31.

(b) Asbestosis and other pneumoconiosis data exclude cases under the Pneumoconiosis Byssinosis and Miscellaneous Diseases Benefit (PBMDB) scheme.

(c) Asthma data relate to United Kingdom up to 1997 and Great Britain from 1998.

**Safety** - Injury and dangerous occurrence statistics given in this report for 1996/97 - 2001/02 were complied from reports made to HSE and local authorities under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 1995 (RIDDOR 95). These Regulations came into effect on 1 April 1996 and replaced RIDDOR 85, the Railways (Notice of Accidents) Order 1986, and certain provisions of the Offshore Installations (Inspectors and Casualties) Regulations 1973 and the Submarine Pipelines (Inspectors etc) Regulations 1977. Certain provisions of the Regulation of Railways Act 1871 and the Transport and Works Act 1992 were also repealed or amended.

Deaths of all employed people and members of the public arising from work activity are reportable to either HSE or the local authority. There are three categories of reportable injury to workers defined under the regulations: fatal, major and over-3-day injury. Examples of major injuries include: fractures (except to fingers, thumbs or toes), amputations, dislocations (of shoulder, hip, knee, spine) and other injuries leading to resuscitation or 24 hour admittance to hospital. Over-3-day injuries include other injuries to workers which lead to their absence from work, or inability to do their usual job, for over three days. A non-fatal injury to a member of the public is reportable if it results in the injured person being taken from the site of the incident to hospital.

Certain reporting requirements under RIDDOR 95 differ from those under the previous regulations, RIDDOR 85. For example, the definition of a major injury to workers was widened and that of members of the public was altered to include the hospital criterion. Therefore statistics of worker fatalities are comparable, but other injury statistics including major injuries, dangerous occurrences from 1996/97 cannot be compared with those for previous years. RIDDOR 95 also introduced acts of violence at work, and acts of suicide or trespass on railways or other transport systems.

Injuries which are not reportable under RIDDOR 95 are: road traffic accidents involving people traveling in the course of their work, which are covered by road traffic legislation; accidents reportable under separate merchant shipping, civil aviation and air navigation legislation; accidents to members of the armed forces; and fatal injuries to the self-employed arising out of accidents at premises which the injured person either owns or occupies.

Selected incidents which have a high potential to cause death or serious injury, but which happen relatively frequently are reportable under RIDDOR 95 as dangerous occurrences. A dangerous occurrence is reportable whether or not someone is injured. Statistics reported from 1996/97 are reported under RIDDOR 95, while statistics prior to 1996/97 were reported under RIDDOR 85. The updated reporting requirements differ considerably from RIDDOR 85, including an extra section relating dangerous occurrences to offshore workplaces was added.

Injury rates for employees produced by HSE are based on employment estimates produced by the Office for National Statistics (ONS). The Short Term Employment Survey is used to obtain top level employment data and the Annual Business Inquiry has been used to obtain SIC 92 four-digit employment data since 2000/01, previously this was taken from the Annual Employment Survey. Such estimates are normally subject to a number of revisions based on information from the Annual Employment Survey. When HSE finalises the provisional injury statistics, rates are revised using the employment data available at that particular time. Injury rates are not revised to incorporate subsequent revisions to employment estimates by the ONS.

HSE developed the Labour Force Survey (LFS) as a source of information on workplace injury, to complement the flow of the injury reports made by employers and others under RIDDOR. HSE placed a supplement of detailed questions on workplace injury in the 1990 LFS, and has placed a limited set of injury questions annually since 1993. The LFS gives estimates on the levels of workplace injury which are not subject to under-reporting, and together with the rates of reported injury, give estimates of the levels of reporting of injuries in industries. LFS injury rates are presented as three year moving averages, to reduce annual fluctuations which stem from sampling error (2000/01 rate is the average of 1999/2000, 2000/01, and 2001/02 surveys).

Every three years a further question is asked to establish the actual number of days off work following the workplace injury. The total working days lost figure is based on those injuries that result in at least one full day being taken off work. No estimates are made for the small proportion of people who are still off work following an injury at the time of interview, or expect never to return to work. Further results and background information are available in the LFS fact sheet (www.hse.gov.uk/statistics/2002/lfsfct01.pdf).

**Enforcement** - HSE inspectorates and local authorities issue three types of enforcement notices. These are: improvement notices (requires employers to put right a contravention of health and safety legislation within a specified time limit); immediate prohibition notices (stops work activity that gives, or will give, rise to a risk of serious personal injury); and deferred notices (which stop a work activity with a specified time).

Prosecution statistics are based on the informations laid by inspectors before the courts in England and Wales and on the charges preferred in Scottish courts. Conviction statistics are based on the number of informations laid which resulted in a conviction. The remaining informations laid are those which resulted in withdrawals, verdicts of not guilty etc. Informations laid are counted against sections of regulations cited in the case.

**Background**

The terms 'occupational' or 'work-related' ill health cover the wide range of disorders which can be attributed to a person's work. Some, such as lead poisoning and asbestosis, are clearly occupational since the exposures which cause them are unlikely to be found outside work. However, many conditions which can be linked to work exposures may arise from a variety of factors: for example, back pain may be due to poor posture at work or at home, while stress may come from work pressures or from problems in outside life.

Another special feature of occupational ill health is that, unlike workplace injuries and fatalities, it normally does not occur immediately after exposure to the hazard. There is a delay between exposure and ill health, which may range from a few hours (in the case of some infectious diseases) to several decades (for many cancers).

The multifactorial nature of ill health, combined with its usually delayed effects, can make it difficult to attribute individual cases of ill health to causation by work factors. Attribution will be done differently by different people – e.g. doctors, employers and individual workers – reflecting their own perspectives, knowledge and awareness. All of this means that work-related ill health cannot be defined or measured in a single, straightforward way.

**Sources**

Because of this, no single source of information is available in Great Britain on the nature and full extent of occupational or work-related ill health. HSE's policy is to make the fullest use of a range of data sources, and develop new ones where necessary. The statistics presented in this document are based on five main sources, mostly referred to by their acronyms:

- **SWI**: Household surveys of self-reported work-related illness, giving estimates of the number of people who say that they have conditions which they think have been caused or made worse by work (regardless of whether they have been seen by doctors). SWI surveys have been carried out, in conjunction with the Labour Force Survey, in 1990, 1995, 1998/99 and most recently 2001/02. SWI estimates are subject to sampling error and are generally presented with the associated 95% confidence intervals. More details of the SWI01/02 survey, and the methodological differences between it and SWI surveys for previous years, are given below; a full report will be published in early 2003.
- **ODIN**: Voluntary medical surveillance schemes in the Occupational Disease Intelligence Network, counting new cases which are caused by work in the opinion of the specialist doctor who sees them. ODIN data are available from 1999 for work-related mental ill health, from 1998 for hearing loss, musculoskeletal disorders and infections, and from the early 1990s for respiratory and skin disorders, up to 2001. Research has been commissioned to estimate sampling errors and confidence intervals for ODIN estimates but these are not yet available
- **IIS**: Compensation under the Department for Work and Pensions' Industrial Injuries Scheme, recording new cases of specified 'prescribed diseases' (conditions whose occupational cause is well established) assessed for Disablement Benefit. IIS data are available annually from at least the 1980s up to 2001 (for lung diseases) and 2000/01 (for non-lung diseases).
- **RIDDOR**: Statutory reports by employers under HSE's Reporting of Injuries, Diseases and Dangerous Occurrences Regulations of cases of a defined list of diseases (similar to the IIS list of prescribed diseases) occurring in their employees. RIDDOR data, which are subject to far greater under-reporting for ill health than for injuries, are available from the 1980s up to 2001/02.
- **Death Certificates** for some types of occupational lung disease, including mesothelioma and asbestosis (for these two diseases special registers are maintained by HSE). Again these are available for a long time series, the most recent data being for 2000.

In addition, more specific sources provide data for certain conditions or hazards:

- **SHAW**: The Stress and Health at Work household survey in 1998, which reported on how stressful individuals believed their jobs were.
- **MRC**: Two Medical Research Council studies in 1997/98, which gave estimates of the numbers of people suffering from work-related deafness and from Vibration White Finger based on the fractions of the national prevalence attributable to work.
- **Blood-lead**: The measurement of levels of lead in workers' blood samples, as part of the medical surveillance required under the Control of Lead at Work Regulations, from which annual statistics are produced, most recently for 2000/01.

**Progress measurement for the *Revitalising Health and Safety* targets**

HSE set out its technical approach to assessing progress against the Revitalising targets in a Statistical Note published in 2001 (www.hse.gov.uk/statistics/statnote.pdf). The target for ill health incidence presents major challenges for measurement, not least because of the multiple data sources described above. Work is under way to refine these sources, to develop new ones and to integrate estimates from all of them to give an overall judgement about progress against the target. We plan to produce such an integrated judgement about progress up to 2004/05, the mid-point of the strategy period, in late 2005.

**SWI01/02 methodology**

For the SWI survey carried out in winter 2001/02, over 98 000 adults in Great Britain were administered the following screening question as part of the Labour Force Survey (LFS):

"Within the last twelve months have you suffered from any illness, disability or other physical or mental problem that was caused or made worse by your job or work done in the past?"

Individuals answering 'yes' to this were then asked some further questions about their illness (the most serious if more than one).

In the 1998/99 SWI survey, a programming error restricted the coverage to people working in the past 12 months rather than people ever employed. SWI01/02 was a re-run of SWI98/99, which corrected this error and also included a question on when people had first become aware of their work-related illness (so permitting an estimate of the incidence of new cases) and a more detailed breakdown of the amount of time they had taken off work (needed for estimating the number of lost working days). SWI01/02 therefore provides the first estimates since 1995 of overall self-reported illness prevalence, of incidence and of working days lost.

There are several important differences between SWI01/02 and the three earlier surveys, especially SWI95:

| | **SWI95** | **SWI01/02** |
|---|---|---|
| Design | Screening questions in main LFS. Positive responses administered a detailed follow-up questionnaire (proxy responses were not accepted). | Module of questions in main LFS (including responses by proxy – from another adult in the same household – if respondent was unavailable). |
| Question wording | "... any illness, disability or other physical problem ..." | "... any illness, disability or other physical or mental problem ..." |
| Illnesses covered | All illnesses (most serious illness was identified at follow-up). | Most serious illness. |
| Information collected on type of illness | Question within LFS classified illness(es) into 6 disease groups. Follow-up questionnaire collected more detail. | Question within LFS classified illness(es) into 11 disease groups. Limited number of questions. |
| Review of individual cases | All individual responses at follow-up (including information provided by the respondent's doctors) were reviewed, and excluded if the link between illness and work was implausible. | There was insufficient information to review and exclude cases. |

These differences mean that only broad comparisons can be made over time, and even these need to be treated with caution. The prevalence rates in Figure 11 have been calculated to allow some comparison between the four surveys: restricted to England and Wales (since SWI90 did not cover Scotland) and to people who worked in the last 12 months (for consistency with SWI98/99), and with the SWI95 results based on screening questions asked in the main LFS (and therefore e.g. including the cases excluded by the review of individual responses). Estimates of incidence or working days lost are not available for all four surveys and it is not possible to establish estimates of these for the remaining surveys with a similar level of reliability for comparison purposes. Therefore Figures 14, 28 and 29 (incidence) and Figures 12 and 15 (days lost) show a discontinuity between the data for 1995 and 2001/02.

The estimates of working days lost from SWI01/02 include the effects of past workplace injuries. They are expressed as full-day equivalent days, to take account of the variation in daily hours worked (for example part-timers who work a shorter day or people who work particularly long hours), by adjusting the days lost estimates using the ratio of the individual's usual weekly hours to the average usual weekly hours of all full-time workers estimated from the LFS. In SWI95, the adjustment was only made for part-time workers.

**CONTACTS**

Enquiries about statistics for:

Website: www.hse.gov.uk/statistics

Injuries arising from work activity, dangerous occurrences, gas safety and enforcement action should be addressed to:

Safety and Enforcement Statistics Unit
Health and Safety Executive
Room 518, Daniel House, Trinity Road, Bootle,
Merseyside L20 7HE
Tel: 0151 951 4842/3864

Work-related ill health should be addressed to:

Epidemiology and Medical Statistics Unit
Health and Safety Executive
Room 244, Magdalen House, Trinity Road, Bootle,
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